



ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

1956

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.,
Medical Officer of Health.



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CITY OF SHEFFIELD

HEALTH COMMITTEE

as at 31st December, 1956

THE LORD MAYOR :

(ALDERMAN R. NEILL, M.I.MECH.E., J.P.)

Chairman : ALDERMAN W. E. YORKE, C.B.E., F.R.S.H., J.P.

Deputy-Chairman : COUNCILLOR MRS. P. SHEARD, B.A., J.P.

Alderman	H. SLACK, M.B.E.	Councillor	H. LAMBERT
„	Mrs. G. TEBBUTT, J.P.	„	J. W. MATE
Councillor	G. ARMITAGE	„	Miss J. MELLORS
„	R. B. ASHMORE	„	H. OLIVER
„	A. G. BLAKE, B.A.	„	J. PATE, J.P.
„	G. T. BUTTERY	„	T. ROPER
„	Mrs. F. M. GATHERCOLE	„	E. SCOTT
„	H. S. GENT	„	J. SHAW
„	Mrs. A. IVES, J.P.	„	J. S. WORRALL, J.P.
„	P. H. JACKSON, M.A.		

SUB-COMMITTEES

General Sub-Committee

Chairman : Alderman W. E. YORKE

Councillor	A. G. BLAKE	Councillor	P. H. JACKSON
„	G. T. BUTTERY	„	J. W. MATE
„	Mrs. F. M. GATHERCOLE	„	E. SCOTT
„	H. S. GENT	„	Mrs. P. SHEARD
„	Mrs. A. IVES	„	J. S. WORRALL

Maternal, Infant and Nursing Welfare Sub-Committee

Chairman : Councillor Mrs. A. IVES

Alderman	Mrs. G. TEBBUTT	Councillor	Miss J. MELLORS
Councillor	R. B. ASHMORE	„	T. ROPER
„	Mrs. F. M. GATHERCOLE	„	J. SHAW
„	H. S. GENT	„	Mrs. P. SHEARD
„	J. W. MATE		

Mental Health Sub-Committee

Chairman : Councillor J. SHAW

Councillor	G. ARMITAGE	Councillor	H. OLIVER
„	Mrs. F. M. GATHERCOLE	„	J. PATE
„	H. S. GENT	„	T. ROPER
„	Mrs. A. IVES	„	J. S. WORRALL

Disabled Persons Welfare Sub-Committee

Chairman : Councillor E. SCOTT

Alderman Mrs. G. TEBBUTT	Councillor Miss J. MELLORS
Councillor A. G. BLAKE	„ H. OLIVER
„ G. T. BUTTERY	„ J. SHAW
„ P. H. JACKSON	„ Mrs. P. SHEARD
„ J. W. MATE	

Special, Staffing, etc., Sub-Committee

Chairman : Alderman W. E. YORKE

Alderman H. SLACK	Councillor Mrs. A. IVES
„ Mrs. G. TEBBUTT	„ P. H. JACKSON
Councillor H. S. GENT	„ Mrs. P. SHEARD

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Welfare of the Blind Department and Royal Sheffield Institution

Councillor P. H. JACKSON	Councillor Mrs. P. SHEARD
„ E. SCOTT	

North Eastern Federation of Members of the Queen's Institute of District Nursing

Councillor H. S. GENT	Councillor J. S. WORRALL
„ Mrs. A. IVES	

Sheffield Standing Committee on Juvenile Delinquency

Councillor J. SHAW

Sheffield Voluntary Association for Mental Health

Councillor J. SHAW

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

National Health Service Act, 1946—Executive Council for the City of Sheffield

Alderman C. W. GASCOIGNE, B.E.M.

„ H. SLACK

„ Mrs. G. TEBBUTT

Councillor G. T. BUTTERY

Councillor H. S. GENT

„ H. LAMBERT

„ H. OLIVER

„ Mrs. P. SHEARD

Sheffield and District Clean Air Committee

Alderman H. SLACK

„ W. E. YORKE

Councillor G. S. GOODENOUGH

Councillor W. G. PALLETT, J.P.

„ J. B. PEILE, J.P.

„ Mrs. P. SHEARD

PUBLIC HEALTH STAFF

AT 1st APRIL, 1957

MEDICAL STAFF

Medical Officer of Health :

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health :

C. H. SHAW, M.D., D.P.H., D.P.A.

Maternity and Child Welfare—

Senior Assistant M. and C. W. Medical Officer

Assistant M. and C. W. Medical Officers —

ANN KIRK BLACK, M.B., ch.B.

CATHERINE H. WRIGHT, M.B., ch.B.,
D.P.H.

J. A. G. WATSON, M.B., B.S., D.P.H.

KAZIMIERA H. TLUSTY, M.D., D.C.H.

AILEEN P. M. DRING, M.B., B.S.
(LOND.), D.R.C.O.G., D.P.H.

MARION E. JEPSON, M.B., ch.B.,
D.C.H.

(Part-time)

J. BLYTH, M.D. (EDIN.)

R. D. DOWNIE, M.B., ch.B.

BARBARA S. GORDON, M.B., ch.B.

MARJORIE H. E. FLOWERDAY,
M.B., ch.B., D.R.C.O.G.

RAY GRAHAM, B.A., M.B., B.Ch.,
B.A.O., L.M.

SHELAGH TYRRELL, M.B., ch.B.,
D.C.H.

JEAN A. PETTIGREW, M.R.C.S.,
L.R.C.P.

KATHLEEN M. HAWKINS, M.B.,
ch.B.

HAIDRI L. HALL, M.B., ch.B.

JEAN CLEGHORN, M.B., ch.B.,
D.C.H., D.R.C.O.G.

M. H. TURNER, M.B., ch.B., M.R.C.S.,
L.R.C.P.

GLADYS C. PAPWORTH, M.R.C.S.,
L.R.C.P.

F. W. LEIGH, M.B., ch.B.

*Honorary Consultant Obstetrician — —

W. J. CLANCY, M.B., B.Ch., B.A.O.,
M.R.C.O.G.

*Orthopaedic Specialist (Honorary) — —

E. G. HERZOG, M.B., B.S., M.R.C.S.,
L.R.C.P.

*Honorary Consultant and Adviser
on Pediatrics — —

R. S. ILLINGWORTH, M.D., F.R.C.P.,
D.P.H., D.C.H., Professor in Child
Health at Sheffield University

Mental Health Service—

*Honorary Consultant — — —

F. J. S. ESHER, M.B., ch.B., M.R.C.S.,
L.R.C.P., D.P.M., F.B.P.S.S.

Consultant (Visiting) — — —

DOROTHY JOHNSTON, M.B., ch.B.

Prevention of Illness, Care and After-Care—

Senior Assistant Medical Officer — —

JEAN B. PARKER, M.B., ch.B.

*Consultant (Tuberculosis) — —

H. MIDGLEY TURNER, M.D., M.R.C.P.
D.P.H.

* Undertakes part-time duties in this Service in a consultant capacity.

City Analyst — — —

H. CHILDS, B.SC., F.R.I.C.

Principal School Dental Officer — —

E. COPESTAKE, L.D.S.

OTHER STAFF

General Administration—

<i>Chief Administrative Assistant</i>	-	-	-	-	-	-	W. MORRIS
<i>Senior Administrative Assistant</i>	-	-	-	-	-	-	S. F. BURGIN
<i>Senior Accountancy Assistant</i>	-	-	-	-	-	-	E. WALSHAW
<i>Senior Statistical Assistant</i>	-	-	-	-	-	-	F. GARFITT
<i>Senior Staff Assistant</i>	-	-	-	-	-	-	L. DARLEY
<i>Statistical Assistant</i>	-	-	-	-	-	-	J. PREECE
<i>Correspondence Clerk and M.O.H.'s Secretary</i>	-	-	-	-	-	-	Miss H. A. CUTTS

5 Senior Clerks, 11 Clerks, 3 Shorthand Typists, 5 Pupil Public Health Inspectors.

Sanitary Administration—

<i>Senior Administrative Assistant</i>	-	-	-	-	-	-	R. P. HARPHAM
<i>Senior Clerical Assistant</i>	-	-	-	-	-	-	J. R. BINGHAM

1 Senior Clerk, 1 Technical Assistant, 1 Senior Shorthand Typist, 6 Shorthand Typists.
1 Shorthand Typist Trainee.

General Sanitary Inspection—

<i>Superintendent Public Health Inspectors</i>	-	-	C. F. CHALLENGER	H. B. WARD
			F. T. TWELVES	G. ROBINSON
			F. M. COCKCROFT	
<i>Assistant Superintendent Public Health Inspectors</i>	-	-	J. D. BELL	S. CURTIS
			F. BAINBRIDGE	J. W. BOULTON
			L. MULVEY	

11 Public Health Inspectors, and 7 Pupil Public Health Inspectors.

Clearance Area Section—

<i>Superintendent</i>	-	-	-	-	-	-	W. CURTIS
<i>Assistant Superintendent</i>	-	-	-	-	-	-	H. GREGORY

2 Public Health Inspectors and 6 Pupil Public Health Inspectors

Disinfection, Disinfestation, Transport of Stores, etc.—

<i>Superintendent</i>	-	-	-	-	-	-	J. SISSONS
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Assistant Superintendent and 23 General Assistants.

Food Inspection—

<i>Superintendent Food and Drugs Inspector</i>	-	-	-	-	-	-	G. A. KNOWLES
<i>Assistant Superintendent Food and Drugs Inspector</i>	-	-	-	-	-	-	R. MOORE

2 Food and Drugs Inspectors.

Meat Inspection—

<i>Superintendent Meat Inspector</i>	-	-	-	-	-	-	G. WHITELEY
<i>Assistant Superintendent Meat Inspector</i>	-	-	-	-	-	-	C. F. DEAN

3 Meat Detention Officers, 2 Sanitary Inspectors (Abattoir), 1 Clerk and 1 General Assistant (part-time)

Smoke Inspection—

<i>Superintendent Smoke Inspector</i>	-	-	-	-	-	-	J. W. BATEY
<i>Assistant Superintendent Smoke Inspector</i>	-	-	-	-	-	-	H. STENTON

3 Smoke Inspectors.

Rodent Control—

<i>Rodent Officer</i>	-	-	-	-	-	-	M. BEEVOR
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10 Rodent Operatives, 4 Labourers.

Maternity and Child Welfare (Care of Mothers and Young Children)—

Health Visiting—

Midwifery—

<i>Chief Administrative Assistant</i>	-	-	-	-	-	-	Miss E. A. MARTIN
<i>Chief Clerk</i>	-	-	-	-	-	-	Miss D. LEIGHTON

4 Senior Clerks, 28 Clerks, 3 Clerks (part-time), 2 Shorthand Typists, 1 Shorthand Typist Trainee.
26 General Staff (including 16 part-time).

<i>Superintendent Health Visitor</i>	-	-	-	-	-	-	Miss I. LITTLEWOOD
<i>Assistant Superintendent Health Visitor</i>	-	-	-	-	-	-	Mrs. N. HUTHWAITE
<i>Superintendents of Infant Welfare Centres</i>	-	-	-	-	-	-	Miss D. A. COOLING
							Miss O. B. DE NEUMANN

33 Health Visitors, 3 Health Visitors (part-time), 2 Student Health Visitors, 5 Clinic Nurses, 11 Clinic Attendants.

<i>Non-Medical Supervisor of Midwives</i>	-	-	-	-	-	-	Miss D. E. TATE
---	---	---	---	---	---	---	-----------------

47 Midwives directly employed by City Council (including 1 part-time).

1 Midwife employed under arrangement with the Jessop Hospital for Women.

1 District Nurse Midwife.

Nurseries—									
Supervisory Matron and Matron, Beet Street Nursery									
Matrons of Nurseries :									
Carbrook Welfare Centre									
Darnall									
Firth Park									
Meersbrook Park									
1 Deputy Matron, 32 Staff Nursery Nurses, Enrolled Assistant Nurses, Nursery Assistants and Nursery Students. 18 Domestic Staff (including 12 part-time).									
Mother and Baby Home—									
Matron									
1 Assistant Matron, 2 Domestic and other staff (part-time).									
Domestic Help Service—									
Organiser									
1 Senior Clerk, 5 Clerks, 1 Shorthand Typist, 1 Shorthand Typist Trainee, 107 whole-time and 181 part-time Domestic Helps.									
Home Nursing—									
Johnson Memorial Home (and associated Homes)—									
Superintendent									
Assistant Superintendents									
Miss M. A. REEVES									
Miss M. MCGONIGLE									
Miss V. P. BARNES									
23 District Nurses, 4 Student District Nurses, 28 District Nurses (part-time), 1 part-time Assistant, 4 Domestic and other staff, 5 Domestic and other staff (part-time).									
Princess Mary Home—									
Superintendent									
Assistant Superintendent									
Miss M. TATE									
VACANCY									
5 District Nurses, 4 Student District Nurses, 16 District Nurses (part-time). 2 Domestic and other staff, 4 Domestic and other staff (part-time).									
Vaccination and Immunisation—									
Officer in Charge									
A. MOBLEY									
2 Clerks.									
Ambulance Services—									
Ambulance Officer									
Assistant Ambulance Officer									
E. H. MEDLEY									
F. C. KELSEY									
5 Clerks, 4 Control Room Assistants, 1 Shorthand Typist, 1 Head Ambulance Driver, 4 Shift Leaders, 50 Drivers, 24 Attendants, 7 Garage Staff, 1 Domestic and other staff, 1 Domestic and other staff (part-time).									
Care and After-Care Service—Welfare of other Handicapped Persons—									
Senior Administrative Assistant									
F. MCWATT									
3 Clerks.									
Co-ordinating Officer									
W. WOOD									
3 Assistant Co-ordinating Officers, 1 Occupational Therapist.									
Welfare of the Deaf—									
Superintendent									
A. J. DEAN									
1 Assistant.									
Mental Health Service—									
Administrative Officer									
Psychiatric Social Worker									
G. E. B. WHILLOCK									
Miss E. V. JONES									
1 Senior Clerk, 4 Shorthand Typists, 3 Duly Authorised Officers, 5 Assistant Duly Authorised Officers, 4 Mental Health Visitors.									
The Towers' Occupation Centre—									
Superintendent									
V. H. BAKER									
1 Deputy Superintendent, 1 Assistant Superintendent, 6 Supervisors, 3 Domestic and other staff.									
Pitsmoor Road Occupation Centre—									
Superintendent									
Mrs. C. WILDE									
3 Supervisors, 1 Assistant Supervisor (qualified), 4 Assistant Supervisors (unqualified), 2 Domestic and other staff.									
Cradock Road Centre—									
Supervisor (Qualified)									
Miss K. E. BENNETT									
1 Senior Assistant Supervisor, 1 Assistant Supervisor (Qualified), 1 Assistant Supervisor (Unqualified) and 1 Assistant.									
Langsett Road Centre—									
Supervisor (Qualified)									
Mrs. A. BARTON									
1 Senior Assistant Supervisor and 3 Assistant Supervisors (Qualified).									
Welfare of the Blind Service—									
Superintendent									
A. J. BAKER									
Head Clerk									
Miss E. E. CLARK									
2 Senior and 6 other Clerks, 2 Shorthand Typist, 8 Home Teachers, 92 Workshops (including Salesshop) Staff (including 78 blind persons), 4 Domestic and other staff, 6 Domestic and other staff (part-time).									

GENERAL STATISTICS

AREA (at 31st December, 1956)	.. .. .	(acres) 39,598
POPULATION—Census 1951	.. .. .	512,850
Estimate of Registrar General—Home population year 1956		499,000
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1956)	..	160,080
RATEABLE VALUE (1st October, 1956)	.. .. .	£5,658,235
SUM REPRESENTED BY A PENNY RATE (Year 1956-57)	.. ..	£23,006

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1956

	Total	Males	Females		
LIVE BIRTHS—					
Legitimate ..	6,781	3,522	3,259	} Birth Rate per 1,000 of population	14.1
Illegitimate ..	259	135	124		
Totals	7,040	3,657	3,383		
STILLBIRTHS ..	158	81	77	Rate per 1,000 total (live and still) births	22.0
DEATHS (All Causes)	5,852	3,133	2,719	Death Rate per 1,000 of population	11.7

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

All Infants	Deaths ..	166	Rate per 1,000 live births	23.6
Legitimate Infants	Deaths ..	158	Rate per 1,000 legitimate live births	23.3
Illegitimate Infants	Deaths ..	8	Rate per 1,000 illegitimate live births	30.9

DEATHS FROM CERTAIN CAUSES—

Puerperal Sepsis	Deaths ..	Nil	} Rate per 1,000 total (live and still) births	Nil
Other Maternal Mortality ..	Deaths ..	Nil		Nil
Total Maternal Mortality ..	Deaths ..	Nil		Nil
Tuberculosis of Respiratory System	Deaths ..	92	} Rate per 1,000 of population	0.18
Other forms of Tuberculosis ..	Deaths ..	10		0.02
Cancer	Deaths ..	1,092	Rate per 1,000 of population	2.19

CITY OF SHEFFIELD

Public Health Department,

Town Hall Chambers.

September, 1957.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health of the City of Sheffield for the year 1956.

The birth rate of the City was 14·1 per 1,000 population in 1956. It was the highest rate recorded since 1951, but was appreciably below the England and Wales rate of 15·7 per 1,000.

The general death rate was 11·7 per 1,000 population, which was a little below the rate of 11·8 in 1955. The England and Wales death rate was also 11·7 per 1,000.

It is gratifying to be able to state that the 1956 infant mortality rate was the lowest ever recorded in the City. It was 23·6 per 1,000 live births, as compared with an England and Wales rate of 23·8 per 1,000. Deaths of infants in the first four weeks of life in the City gave a neonatal mortality rate of 18 per 1,000 live births, a slight increase above the previous year.

It is particularly pleasing to be able to state that, with the exception of one death from abortion, there were no maternal deaths for the second successive year. Although the mortality rate has compared favourably for many years with the rate for England and Wales, there have never previously been less than three such deaths recorded in the City in any one year. The maternal mortality rate (excluding abortion) for England and Wales during 1956 was 0·46 per 1,000 total (live and still) births.

Sickness incidence and mortality amongst the notifiable diseases remained, with a few exceptions, very low in 1956. There were no cases of Diphtheria during the year and for the eighth successive year there were no deaths from this disease. Cases of Scarlet Fever and Whooping Cough showed an increase over the previous year but there were no deaths from either disease. The number of cases of Measles was exceptionally low, and there were no deaths. There was also a considerable decrease in the incidence of Acute Poliomyelitis during the year. The number of Dysentery cases rose sharply but the form of the disease was mild.

The death rate for Enteritis and Diarrhoea (in infants) was the lowest ever recorded.

The Ambulance Services have continued to meet all the demands made upon them and, during 1956, carried almost 146,000 patients, with an aggregate running distance of over 570,000 miles, in other words, an average of 398 patients per day, and an average daily mileage of 1,557.

There were 244,936 animals slaughtered at the Corporation Abattoir during the year and 1,717 at the two private slaughterhouses in the City. All the animals were examined by the meat inspectors and there were 47,159 animals which wholly or in part were found to be unfit for food.

During 1956, 681 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department ; of this number, three failed to pass the examination.

A total of 3,556 cremations was carried out during the year at the City Road Crematorium, and in each case the documents were examined by the Medical Officer of Health or the Deputy Medical Officer of Health, who are accepted Referees for this purpose.

Although the detailed story of the work of the Public Health Department is found in the body of the Report, I am glad of the opportunity for drawing attention to some of the more interesting matters. The emphasis changes year by year—diseases of all kinds have phases of increase and decline, and the services must be geared to the changes.

*Maternity
and Child
Welfare*

The origins of the work of the Department rest on the care of the mother and child and the hygiene of the home. The work of the Maternity and Child Welfare Service continues to be appreciated, for attendances at clinics are still maintained. The infant death rate and the maternal mortality rate have continued to be favourable. Although the work of the Department has continued on orthodox lines, we have also endeavoured to use the statistics we possess to further our enquiries. In time some of the work will inevitably pass to the general practitioner, as part of his responsibility for the family, but we shall find plenty of work to do, for new problems continue to arise. The origin of much of the mental ill-health is now considered to arise from maladjustments of childhood. Problem families still present a challenge. There cannot be room for complacency, for the Report shows that there are many "hard cores" ; the still-birth rate is far too high ; the infant death rate should be capable of further reduction. Although there is an increasingly close association between the Midwifery Service of the Corporation and that provided by the general practitioners and the hospitals, the liaison should be further strengthened—this is one of the services where a reasonable overlapping is infinitely better than the possibility of any hiatus. The amount of ill-health which could

become serious in the pregnant woman, is seen from the Table on page 55. The Midwifery Service has continued to function satisfactorily. The amount of relief given to mothers in childbirth has increased (see page 110) and the service to premature babies continues to develop. There is much remaining to be done in the education of the mothers and our work in this direction, though increasing, has been hampered because of the shortage of health visitors. It is hoped to introduce a Health Education Officer during the coming year, and he should find the mothers very willing to use his services.

The death rate from Tuberculosis of the Respiratory System, which had risen sharply during 1955, fell during 1956 to 0·18 per 1,000 population, but is still well above the rate for England and Wales of 0·11 per 1,000. Tuberculosis is a disease that has been declining markedly throughout the country, and it is disappointing to find that this City is not in some respects enjoying the improvements as regards tuberculosis of the lung that are found in other towns. Under the age of 15 years the position is very satisfactory : there has not been a death from respiratory tuberculosis in that age period since 1951, and during 1956 there were no deaths in the age group under 15 from any form of the disease for the first time on record. The deaths in age group 15—34 have declined from 22 males and 39 females (a total of 61) in 1950, to 4 males and 6 females (a total of 10 deaths) in 1956. It is in the older age groups that the position has remained comparatively static, although even here there seems a tendency for the position to improve slightly. Undoubtedly and paradoxically, this situation has been partly due to the fact that the antibiotic drugs prolong life, even where they fail to cure the disease, so there is a growing number of persons in the community who are open cases. Over the last half century or so an epidemic of tuberculosis has marched along a broad age group, and now seems to be reaching the older ages. The intensive contact tracing and follow-up have been effective in the younger ages, and the position in the older ages is also under constant review.

Tuberculosis

It will be seen from the Table on page 29 that the following deaths from violence occurred during the year :—

*Accidents
and
Violence*

						Males	Females
Motor vehicle accidents	..	..	..	..	..	38	16
All other accidents	..	..	..	..	..	59	47
Suicide	..	..	..	..	..	33	17
Homicide	..	..	..	..	..	4	—
TOTALS	..	..	..	..	..	134	80

It will thus be seen that a total of 214 persons came to untimely and violent ends. This, of course, is only one aspect of the condition, for there is also much maiming, loss of function, pain and economic loss associated with the accidents. In general the older people suffer the most, but reports received of the accident cases attending the Children's and other hospitals indicate the dangers to the young. These reports are considered and the health visitors follow up the cases. While it is true that this is being wise after the event, nevertheless, it is found that the mother welcomes guidance and helps to try to prevent a recurrence. The Department also helps the older groups by providing hand rails, advising on the lighting, and loaning fireguards where necessary.

Most accidents are preventable.

*Dental
Service*

Despite all efforts it has not been possible to record any worthwhile improvement in the dental service for mothers and young children. The number of dental surgeons is inadequate, but the Principal School Dental Officer and the School Health Service have been as helpful as possible. The real difficulty is the apathy of the mothers. It is disappointing that the years of health education to mothers regarding the value of good dentition have not given better results.

*Domestic
Help
Service*

The Domestic Help Service has been fully extended, and praise should be given to the administrative and supervisory staff, and to the domestic helps themselves, for the hard work they have undertaken, and for keeping this important service functioning during periods of great difficulty.

*Care of the
Disabled*

The record of work achieved in the Department is satisfactory. It is not always realised that the Department is concerned only with the disabled persons who are not considered as economically sound investments by the Ministry of Labour. Nevertheless, frequent consultations occur and the officials of the Ministry are most helpful in dealing with the increasing number of disabled persons in our care.

There is evolving a procedure for giving the disabled persons the best chance to rehabilitate themselves. Many come to us never having had the chance, or even contemplated the possibility, of doing anything at all. The opportunity for advancement through home pastime occupation to attendance at the handicraft centres, and then via Remploy to open employment, has become a reality in a few cases ; in this work, achievement must be gauged with an elastic measure.

There have been some interesting developments ; the nurseries for disabled and mentally retarded children have been a success—the parents are grateful for the opportunities the children now have of playing and

mixing with other children ; there has also been marked improvement in the physical conditions, social habits and achievements of some of the children.

It will be noted in the body of the Report that the disabled men have been making some of the special equipment for the handicapped children, and that goods which the blind workers use are prepared by other disabled persons—this is a feature we hope to develop.

There is a tendency to think of disabled persons in terms of their disability. All too often the loss of function of one part of the body leads to a development of others, and there is probably a greater diversity amongst the disabled than amongst the more fortunate. In our ignorance there is a tendency to legislate en masse for them. It is very necessary to get to know them individually and to assist them and their families in the many difficulties they have apart from the obvious disability.

The list of diseases for which some protection can be given continues to grow. Much of the time of the Department has been taken up with the promotion of a scheme of protection against Poliomyelitis (see page 132). The parents have shown great interest in the procedure—the supply of vaccine has so far been insufficient, but a regular supply is now coming to hand.

Immunisation

The Clean Air Act, 1956, came into operation during the year. It will be seen from the report on page 216 that there has been considerable and long-standing interest in this City in an endeavour to promote cleaner air. But much still remains to be achieved, for the death rates from cancer of the lung and other respiratory diseases are higher in Sheffield and other similar industrial areas, than in the country as a whole ; atmospheric pollution must be held responsible for some of the increase.

Clean Air

The Report of the Royal Commission on Mental Health, although strictly falling into 1957, is of such importance as to merit a few preliminary remarks. The Report envisages and recommends a great increase in the work which local authorities should undertake in this field. The patient who is mentally handicapped will, in addition to psychiatric treatment, generally require much assistance in order to fit himself successfully into community life. Similarly, a properly organised preventive service should be able to assist the patient to obtain help during an early stage of his illness ; in time it may be possible to take real preventive measures. There is a great opportunity for local authorities to take bold steps in this important field of human misery.

Mental Health

For the first time an opportunity of preventing this disease in one of its most fatal forms has been given to us. The facts are incontrovertible—there is a close association between cigarette smoking and lung cancer. The steps that should be taken are obvious and no amount of intensive propaganda will be so effective as the simple recital of the fact that cigarette smoking promotes cancer of the lung.

The elders should take the definite step of showing the dangers of smoking to the younger generation by ceasing to smoke themselves. If the simple truth of this matter cannot be digested, one despairs of human advancement.

All the progress planned and hoped for in Preventive Medicine depends on an adequately trained staff imbued with a belief in this work, and able to hold their own amongst other doctors. No amount of skilled administration can take the place of medical acumen, neither can Administration make progress on its own. The declared tendency of local authorities to look upon the medical staff of the Public Health Department as medical administrators is most dangerous to the local authorities if Public Health is not to become a backwater. Local authorities are in competition with other branches of Medicine for medical officers, and under present conditions they are failing to attract good men. In general, local authorities have no prescriptive right to the preventive services, although their achievements in the past strengthen their claim. The right to take part in the widening field of preventive medicine and the alleviation of human misery ultimately depends on the quality of the staff they can induce to enter the Public Health Service. Unfortunately the conditions offered are not as attractive as those in the other two branches of the Health Service—general practice and hospitals.

The happiest task remains to the end—I have the annual pleasure of thanking the staff of the Department for the assistance they have invariably given me. I would assure them that it has been a real joy to be associated with them in the work. It is difficult to single out anyone, for there has been real team spirit. I am also very pleased to express my gratitude to the Health Committee for their assistance and to the Chairman for his guidance and ready help on all occasions.

LLYWELYN ROBERTS
Medical Officer of Health

HEALTH COMMITTEE

Statutory Committee

Powers and duties of the City Council in respect of :—

Public Health Acts
National Health Service Acts, 1946–1952
National Assistance Acts, 1948 and 1951

Approval of :—

Medical Officer of Health's monthly report on health of City
Monthly requisitions
Quarterly report of City Analyst
Reports of Sub-Committees to which functions are delegated as under :

SUB-COMMITTEES

AUDIT

Verification and checking of monthly expenditure and requisitions of all Sections

DISABLED PERSONS WELFARE

Duties under the following Acts :—
National Assistance Act, 1948
Public Service Vehicles (Travel Concessions) Act, 1955

Services under these Acts, etc., in relation to :—
Welfare of Blind
Welfare of Deaf
Welfare of other handicapped Persons
Provision of :—
Comforts
Educational Classes
Handicraft Classes
Arrangements for sales of manufactured goods

GENERAL

Duties under the following Acts :—
Public Health Acts, 1875–1936
National Health Service Acts, 1946–1952
National Assistance Act, 1951
Clean Air Act, 1956
Cremation Acts, 1902 and 1952
Diseases of Animals Acts
Factories Act, 1937
Fertilisers and Feeding Stuffs Act, 1926
Food and Drugs Act, 1955
Housing Acts, 1936–1952
Housing Repairs and Rents Act, 1954
Hydrogen Cyanide (Fumigation) Act, 1937
Merchandise Marks Act, 1926
Pet Animals Act, 1951
Pharmacy and Medicines Act, 1941
Pharmacy and Poisons Act, 1933
Prevention of Damage by Pests Act, 1949
Rag Flock and Other Filling Materials Act, 1951
Sheffield Corporation Acts
Shops Act, 1950
Slaughter of Animals Acts, 1933–1954
Water Acts, 1945 and 1948

Services under these Acts, etc., in relation to :—
General Public Health
General Sanitation
Ambulance Service
Caravans, etc.
Cremation (M.O.H. is Referee)
Disinfection and Disinfestation
Food and Drugs, etc.
Food Premises, etc.
Health and Welfare in Workplaces
Housing
Meat and Food Inspection
Milk and Dairies
Offensive Trades
Pleasure Fairs
Rodent Control
Sanitary accommodation in factories
Smoke Nuisances
Movement of Animals, etc.
Water Supplies

MATERNAL, INFANT & NURSING WELFARE

Duties under the following Acts :—
National Health Service Acts, 1946–1952
Public Health Act, 1936
Midwives Acts, 1936 and 1951
Nurseries and Child-Minders Regulation Act, 1948
Nurses' Acts

Services under these Acts, etc., in relation to :—
Care of mothers and young children (including provision of day nurseries and mother and baby home)
Care and After Care
Domestic Help
Home Nursing
Health Visiting
Midwifery
Supervision of private maternity and nursing homes and nurses' agencies
Vaccination and Immunisation

ASSESSMENT SECTION

Approval of maternity hospital and midwifery bookings
Assessment of applicant's ability to pay for services
Cancellation of charges already made in certain cases
Payment of fees to medical practitioners under Midwives Act, 1951
Sanction for supply of free dried milk, etc.

MENTAL HEALTH

Duties under the following Acts :—
National Health Service Acts, 1946–1952
Lunacy and Mental Treatment Acts, 1890–1930
Mental Deficiency Acts 1913–1938

Services under these Acts etc., in relation to :—
Ascertainment of mental deficiency
Care and After Care in Mental Health
Certification, etc., under Lunacy Acts
Occupation Centres

SPECIAL, STAFFING, ETC.

Matters of special importance, including senior staff appointments, etc.

WEIGHTS AND MEASURES

Duties under the following Acts :—
Weights and Measures Acts, 1878–1936
Sale of Food (Weights and Measures) Act, 1926
Fireworks Act, 1951
Explosives Acts, 1875 and 1923
Petroleum (Consolidation) Act, 1928
Shops Act, 1950
Young Persons (Employment) Act, 1938
Celluloid and Cinematograph Film Act, 1922

Services under these Acts, etc., in relation to :—
Weights and Measures
Explosives
Petroleum
Shops
Storage of raw and scrap celluloid

VITAL STATISTICS

" Did you have measles, and if so, how many ?"—Artemus Ward (The Census).

Special Features.—The birth rate of 14·1 per 1,000 for the year 1956 was the highest since 1951 but was well below the England and Wales rate. The general death rate of 11·7 per 1,000 was slightly below the 1955 rate and was the same as the England and Wales rate.

The Infant Mortality rate of 23·6 per 1,000 live births represented a small decrease from the previous year. The 1956 rate for England and Wales was 23·8 per 1,000 live births. The neonatal mortality rate of the City in 1956 was 18 per 1,000 live births and showed a slight increase over the previous year.

The death rate from Tuberculosis of the Respiratory System, which had risen during 1955 for the first time since 1945, showed an appreciable decrease during 1956. The death rate from Other Forms of Tuberculosis was 0·020 per 1,000, as compared with 0·022 per 1,000 in 1955. For the first time on record, there were no deaths among children under 15 years of age.

The death rate of children under two years of age from Enteritis and Diarrhoea was the lowest ever recorded.

13 cases of Acute Poliomyelitis (Paralytic) and 19 cases of Acute Poliomyelitis (Non-Paralytic) were notified during the year. There was one death.

The attack rate from Measles was very low and there were no deaths.

There were no cases of Diphtheria during 1956, and there were no deaths for the eighth successive year.

There were no maternal deaths for the second successive year. There had never been less than three such deaths in any previous year.

Mortality from Cancer showed an increase and was also higher than the England and Wales rate.

Area.—The total area of the City at 31st December, 1956, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1956 was 499,000, and this figure is employed in the calculation of the Birth Rates and Death Rates in this Report.

Marriages.—The number of marriages in 1956 was 4,067 and the marriage rate (or persons married per 1,000 of the population) was 16·3 as against 16·7 per 1,000 in 1955. The 1956 rate was slightly above the England and Wales rate, which was 15·8 per 1,000. The following table gives details of marriages in Sheffield during the period 1951 to 1956 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE I.—Marriages and Marriage Rates in Sheffield and in England and Wales, years 1951 to 1955 and year 1956

<i>Year</i>	<i>Total Number of Marriages in Sheffield</i>	<i>Persons Married per 1,000 of the population</i>	
		<i>Sheffield</i>	<i>England and Wales</i>
1951	4,329	17·0	16·4
1952	4,044	15·8	15·9
1953	3,996	15·7	15·6
1954	3,974	15·8	15·4
1955	4,185	16·7	16·1
Average (Quinquennium 1951–1955)	4,106	16·2	15·9
1956	4,067	16·3	15·8

Live Births.—There were 7,758 live births registered in the City in 1956 and, after making allowances for births transferable inwards and outwards, the figure of net live births is 7,040. The birth rate was 14·1 per 1,000 of the population as against a rate of 13·5 in 1955. The England and Wales rate for 1956 was 15·6 per 1,000. The statement below shows that, apart from a slight check in 1953, the birth rate of the City has steadily declined since the year 1947 until this year, when the rate was the highest recorded since 1951. The statement also gives the illegitimacy rates of Sheffield and of England and Wales since the year 1946. It will be seen that of the 7,040 live births in 1956 there were 259 illegitimate births and that the illegitimacy rate was 37 per 1,000 births. The average of the illegitimacy rates of the City for the ten years 1946 to 1955 is considerably below that of England and Wales :—

<i>Year</i>	<i>Total Live Births</i>	<i>Birth Rate per 1,000 of Population</i>	<i>Illegitimate Live Births</i>	<i>Illegitimacy Rate per 1,000 Live Births Sheffield England and Wales</i>	
1946	10,073	20·1	433	43	65
1947	10,522	20·7	399	38	52
1948	9,107	17·7	368	40	53
1949	8,087	15·7	282	35	50
1950	7,370	14·3	276	37	49
1951	7,233	14·2	271	37	47
1952	7,005	13·7	227	32	46
1953	7,055	13·9	268	38	46
1954	6,867	13·6	233	34	46
1955	6,756	13·5	257	38	45
Average 1946–55	8,008	15·7	301	37	50
1956	7,040	14·1	259	37	46

Stillbirths.—Stillbirths allocated to the City in 1956, after making allowance for transferable births, numbered 158 and gave a rate of 0·32 per 1,000 of the population, as against a rate of 0·35 for 1955. The stillbirths of the City in 1956 also represented a rate of 21·95 per 1,000 total (live and still) births, as compared with 25·39 per 1,000 in 1955 and an England and Wales rate for 1956 of 23·0 per 1,000.

Deaths.—There were 6,515 deaths registered in the City in 1956 and the transferable deaths numbered 230 inwards and 893 outwards. Net deaths allocated to the City therefore totalled 5,852 of which 3,133 were males and 2,719 females. The death rate from all causes was 11·7 per 1,000 of the population. This rate, as is shown in the following statement, is slightly below the 1955 rate and is also lower than the average rate for the decade 1946–1955. The England and Wales rate for 1956 was also 11·7 per 1,000.

<i>Year</i>		<i>Number of Deaths</i>		<i>Death Rate per 1,000 of the Population</i>
1946	..	6,167	..	12·3
1947	..	6,260	..	12·3
1948	..	5,797	..	11·3
1949	..	6,431	..	12·5
1950	..	5,883	..	11·4
1951	..	6,633	..	13·0
1952	..	5,937	..	11·6
1953	..	6,041	..	11·9
1954	..	5,821	..	11·6
1955	..	5,934	..	11·8
Average 1946–55	..	6,090	..	12·0
1956	..	5,852	..	11·7

Smallpox.—There were no cases of Smallpox notified during the year.

Measles.—There were only 183 cases of Measles notified during the year, and the attack rate was 0·37 per 1,000 of the population as against 19·32 per 1,000 in 1955. There were no deaths during the year.

Scarlet Fever.—612 cases of Scarlet Fever were notified during the year and the attack rate was 1·23 per 1,000 of the population as against 0·93 for 1955, and an average rate of 1·20 for the quinquennium 1951–1955. There were no deaths from Scarlet Fever in 1956.

Diphtheria.—There were no cases of Diphtheria notified during 1956, and there were no deaths for the eighth successive year.

Whooping Cough.—982 notifications of Whooping Cough were received in the year 1956 and the attack rate was 1·97 per 1,000 of the population as against 1·79 in 1955. There were no deaths. In the year 1955 there were two deaths with a death rate of 0·004 per 1,000. The average death rate for the quinquennium 1951–1955 was 0·006.

Typhoid and Paratyphoid Fevers.—Three cases of Typhoid Fever and three of Paratyphoid Fever were notified during 1956, compared with 21 cases of Paratyphoid Fever in the previous year. There were no deaths in either year.

A nurse developed typhoid—as did her friend with whom she had been on holiday in France. Before becoming ill, the nurse had returned to duty on a maternity ward, so that a considerable number of mothers and babies might have possibly been exposed to infection. As a precautionary measure, specimens were obtained from 123 mothers and 95 babies for laboratory examination, but these all proved negative.

Later in the year a lady of 71 years was notified as suffering from typhoid. The symptoms were mild and, by the time the typhoid organism was isolated, she was quite well. She had suffered from typhoid fever in 1898 and it appears probable that she was a chronic “carrier”. There is no reason to believe that she had ever been responsible for infecting any other persons and, but for this intercurrent illness, the condition would probably never have come to light.

Enteritis and Diarrhoea under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 0·57 in 1956, as compared with a rate of 0·74 for the year 1955. This was the lowest rate ever recorded in the City.

Meningococcal Infection.—There were 19 cases of Meningococcal Infection notified in 1956, compared with 14 cases in 1955, and the attack rate was 0·04 per 1,000 of the population. There were four deaths during the year, as against two deaths in 1955, and the death rate was 0·008 per 1,000 of the population, as against 0·004 in 1955, and an average death rate for the quinquennium 1951–1955 of 0·005 per 1,000.

Acute Poliomyelitis.—32 cases were notified during the year—13 of Poliomyelitis (Paralytic) and 19 of Poliomyelitis (Non-paralytic)—compared with 126 cases—73 of Poliomyelitis (Paralytic) and 53 of Poliomyelitis (Non-paralytic)—notified in 1955. The attack rate was 0·06 per 1,000 of the population, comparing with a rate of 0·25 for 1955. During the year there was one death from this disease, as against five deaths in 1955.

Acute Encephalitis.—There were four cases of Acute Infective Encephalitis notified during the year, and there was one death from this disease.

Dysentery.—838 cases of Dysentery, the majority of them being of the Sonne type, were notified during the year. There was one death. In 1955 there were 256 cases and no deaths.

Malaria.—There were two cases of Malaria notified during the year. In each case the disease was contracted abroad.

Food Poisoning.—There were 129 cases of Food Poisoning recorded during 1956. In 1955 there were 145 notifications, and there were no deaths in either year.

Influenza.—The Influenza death rate was 0·040 per 1,000 as against a rate of 0·034 in the year 1955. The average City rate for the five years 1951–1955 was 0·084 per 1,000.

Pneumonia.—889 cases of Pneumonia were notified in 1956, the incidence rate being 1·78 per 1,000 of the population, as against 1·66 per 1,000 in 1955. A total of 226 persons died from Pneumonia during the year—130 males and 96 females—and the death rate was 0·453 per 1,000 of the population. There were 229 deaths from Pneumonia in the year 1955, and the death rate was 0·457 per 1,000. The average death rate for the five years 1951–1955 was 0·427 per 1,000.

Bronchitis.—There were 388 deaths from Bronchitis during the year as compared with 392 deaths in 1955. The death rate was 0·778 per 1,000 of the population, which compares with a rate of 0·782 for the year 1955. The average City rate for the five years 1951–1955 was 0·746 per 1,000.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1947, Sheffield was selected for a three years trial period of notification of Acute Rheumatism in children under 16 years of age. This period has since been extended by the Acute Rheumatism Regulations, 1950–57.

During the year 1956, 28 cases were classified as properly notifiable under the Regulations, and a separate report upon an investigation which has been made into these cases appears at the end of this section of the Annual Report.

Cancer.—Deaths from Cancer rose during the year 1956 to a total of 1,092, of which 637 were males and 455 females. The death rate was 2·188 per 1,000 of the population as against a rate of 2·157 in 1955.

The increase in total mortality from Cancer in recent years has been almost wholly confined to males, and has coincided with a steady increase in male deaths from Cancer of the Lung and Bronchus.

The number of deaths from Cancer of the Lung and Bronchus again showed an appreciable rise during 1956. In common with other industrial areas, the death rate for the City is consistently higher than for the country as a whole, as is shown in the following statement :—

					<i>Cancer of the Lung, Bronchus</i>	
					<i>Sheffield</i>	<i>Rate per one million population</i>
<i>Year</i>					<i>Number of Deaths</i>	<i>England and Wales</i>
1950	..	..	..	..	176	342
1951	..	..	..	..	171	335
1952	..	..	..	..	205	401
1953	..	..	..	..	224	441
1954	..	..	..	..	261	518
1955	..	..	..	..	242	483
1956	..	..	..	..	267	535

Below is a table which gives details of deaths of Sheffield residents from all forms of Cancer in the period 1951–1956 and a comparison of the Sheffield death rate with that of England and Wales.

The numbers of deaths under the detailed sub-headings of Cancer, classified according to sex and in age periods, are given in Table VIII on page 29.

TABLE II.—Cancer Mortality of Sheffield and of England and Wales for the year 1956 and the previous five years

<i>Year</i>	<i>Deaths of Sheffield Residents</i>			<i>Death Rate per 1,000 of the Population</i>	
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Sheffield</i>	<i>England and Wales</i>
1951	564	487	1,051	2·06	1·96
1952	597	459	1,056	2·07	1·99
1953	606	462	1,068	2·10	1·99
1954	629	482	1,111	2·21	2·04
1955	620	461	1,081	2·16	2·06
5 yrs' av'ge (1951-55)	603	470	1,073	2·12	2·01
1956	637	455	1,092	2·19	2·08

Tuberculosis.—There were 400 primary notifications of Tuberculosis of the Respiratory System in 1956, and the incidence rate was 0·80 per 1,000 of the population as against 0·91 per 1,000 in 1955. There were 37 notifications of Other Forms of Tuberculosis, giving an incidence rate of 0·07 per 1,000 which corresponds with a rate of 0·10 per 1,000 for 1955.

Deaths from Tuberculosis of the Respiratory System numbered 92, of whom 69 were males and 23 females. The death rate per 1,000 of the population was 0·184. This figure compares with a rate of 0·216 in 1955, an average rate of 0·222 for the five years 1951–1955, and an England and Wales rate for 1956 of 0·109 per 1,000.

There were 10 deaths from Other Forms of Tuberculosis, six of males and four of females. The death rate was 0·020 per 1,000 of the population as against a rate for 1955 of 0·022 per 1,000, an average rate of 0·027 for the five years 1951–1955, and an England and Wales rate of 0·012 for the year 1956.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1947 to 1956, are given in the table below :—

TABLE III.—Death Rates per Million from Tuberculosis, ten years, 1947 to 1956

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1947 ..	500	470	79	79	579	549
1948 ..	441	440	54	67	495	507
1949 ..	440	403	74	54	514	457
1950 ..	313	321	54	43	367	364
1951 ..	294	275	49	41	343	316
1952 ..	225	212	20	28	245	240
1953 ..	197	179	18	22	215	201
1954 ..	179	160	28	19	207	179
1955 ..	216	131	22	15	238	146
1956 ..	184	109	20	12	204	121

Infant Mortality.—There were 166 deaths of infants under one year of age in 1956, as compared with 160 in 1955. The infant mortality rate was 23·6 per 1,000 live births in 1956 as against 23·7 per 1,000 in 1955. The England and Wales rate for 1956 was 23·8 per 1,000.

In the table which follows are given the infant mortality rates for Sheffield and for England and Wales during the past 20 years. It will be seen that throughout this period the Sheffield rate has compared favourably with the England and Wales rate.

TABLE IV.—Infant Mortality, Sheffield and England and Wales, 20 years,
1937 to 1956

<i>Year</i>	<i>Infant Mortality</i>		<i>Year</i>	<i>Infant Mortality</i>	
	<i>Sheffield</i>	<i>England and Wales</i>		<i>Sheffield</i>	<i>England and Wales</i>
1937	55	58	1947	42	41
1938	50	53	1948	32	34
1939	48	50	1949	35	32
1940	55	56	1950	28	30
1941	67	60	1951	31	30
1942	49	51	1952	24	28
1943	56	49	1953	26	27
1944	41	45	1954	24	26
1945	46	46	1955	24	25
1946	36	43	1956	24	24

In the table which follows in regard to infant mortality, particulars are given of the deaths of infants in the year 1956. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (sixth revision), which was introduced in 1950.

TABLE V.—Infant Mortality ; Deaths in the year 1956 from stated causes at various ages under One Year

International List Nos.	Cause of Death	Under 1 day	1 day and under 1 week	1 week and under 2 weeks	2 weeks and under 3 weeks	3 weeks and under 4 weeks	Total Deaths under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
010	Tuberculosis of meninges and C.N.S.	—	—	—	—	—	—	—	—	—	—	—
Remainder of 001-019	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria	—	—	—	—	—	—	—	—	—	—	—
056	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—
057	Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—
085	Measles	—	—	—	—	—	—	—	—	—	—	—
Remainder of 020-138	Other infective and parasitic diseases	—	—	—	—	1	1	—	—	—	1	2
340	Meningitis, except meningococcal and tuberculous	—	1	—	—	—	1	—	1	—	—	2
480-483	Influenza	—	—	—	—	—	—	—	—	—	—	—
490-493	Pneumonia (4 weeks—1 year)	—	—	—	—	—	—	6	4	1	—	11
500-502	Bronchitis	—	—	—	—	—	—	2	1	2	—	5
543, 571, 572	Gastritis, Enteritis and Diarrhoea (4 weeks—1 year)	—	1	1	1	—	—	2	1	—	1	3
751	Spina Bifida and Meningocele	1	1	—	—	—	4	—	—	—	—	5
754	Congenital malformations of circulatory system	—	5	2	—	1	8	—	—	2	1	11
Remainder of 750-759	Other congenital malformations	2	3	2	—	—	7	1	1	1	1	11
760, 761	Birth injuries	3	7	1	—	—	11	—	—	—	—	11
762	Postnatal asphyxia and atelectasis	9	7	—	—	1	17	—	—	—	—	17
763	Pneumonia of newborn	1	2	1	1	—	5	—	—	—	—	5
764	Diarrhoea of newborn (under 4 weeks)	—	—	1	—	—	1	—	—	—	—	1
770	Haemolytic disease of newborn	2	4	—	—	—	6	—	—	—	—	6
774	Prematurity with mention of subsidiary condition	5	1	—	—	—	6	—	—	—	—	6
776	Prematurity unqualified	27	21	2	1	—	51	—	—	—	—	51
Remainder of 760-776	Other diseases peculiar to early infancy	2	3	—	—	—	5	—	—	—	—	5
E924	Accidental mechanical suffocation	—	—	—	—	—	—	—	—	—	—	—
Remainder of E800-999	Other violent causes	—	2	—	—	—	—	1	2	1	—	4
Residual	All other causes	1	—	—	—	1	4	1	5	—	—	10
	ALL CAUSES	53	57	10	3	4	127	13	15	7	4	166

Neo-Natal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 127 in the year 1956, giving a neo-natal mortality rate of 18 per 1,000 live births. The rate for the year 1955 was 17 per 1,000. The neo-natal deaths in 1956 comprised 76·5 per cent. of the total deaths of children under one year of age as against 70·6 per cent. in 1955.

Pregnancy, Child Birth and the Puerperal State.—There were 300 cases of Puerperal Pyrexia notified during the year 1956, and the incidence rate, calculated per 1,000 total (live and still) births, was 41·68 as against a rate of 39·38 in 1955.

There were no maternal deaths during the year 1956. There have now been no such deaths for the past two years, the lowest number ever previously recorded in any one year being the three deaths occurring in 1954. The England and Wales maternal mortality rate for 1956 was 0·46 per 1,000 total (live and still) births, and the average Sheffield rate for the period 1951–1955 was 0·42, as against an England and Wales average of 0·60. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the Puerperal Pyrexia incidence rates of the City, the death rates of the City from Puerperal Sepsis and from other maternal causes, and also comparative figures of the total maternal mortality rates of Sheffield and of England and Wales. Deaths from abortion are disregarded in stating maternal mortality rates.

TABLE VI.—Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per 1,000 total (live and still) Births, years 1951-1956

Year	Total Maternal Deaths in Sheffield (excluding Abortion)	Rates per 1,000 total (live and still) Births				
		Sickness incidence from Puerperal Pyrexia	Maternal Mortality			
			Puerperal Sepsis	All Other Causes	Total Maternal Mortality	
					Sheffield	England and Wales
1951	3	15·80 (117)	0·14 (1)	0·27 (2)	0·41	0·65
1952	5	46·59 (333)	—	0·70 (5)	0·70	0·59
1953	4	45·46 (329)	0·14 (1)	0·41 (3)	0·55	0·65
1954	3	53·57 (377)	0·28 (2)	0·14 (1)	0·43	0·58
1955	—	39·38 (273)	—	—	—	0·54
Average 5 years 1951-1955 ..	3	40·20 (286)	0·11 (1)	0·30 (2)	0·42	0·60
1956	—	41·68 (300)	—	—	—	0·46

NOTE.—The figures in brackets denote the actual number of cases or deaths.

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable diseases during the year 1956. Notifications of each disease are tabulated in specified age groups.

TABLE VII.—Cases of Infectious and other notifiable Diseases during the year 1956 classified under age periods

NOTIFIABLE DISEASE	Number of Cases Notified								
	At Specified Age Periods								At all Ages
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards	
Smallpox	—	—	—	—	—	—	—	—	—
Measles	16	81	84	2	—	—	—	—	183
Whooping Cough	101	454	410	5	2	5	3	2	982
Scarlet Fever	2	166	424	14	3	2	1	—	612
Diphtheria	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	2	—	—	—	1	3
Paratyphoid Fever	—	1	1	1	—	—	—	—	3
Puerperal Pyrexia	—	—	—	144	115	41	—	—	300
Erysipelas	—	1	1	—	5	6	34	26	73
Meningococcal Infection	3	8	2	1	1	—	3	1	19
Acute Poliomyelitis—									
Paralytic	—	6	4	1	—	—	2	—	13
Non-Paralytic	1	1	13	2	2	—	—	—	19
Ophthalmia									
Neonatorum	8	—	—	—	—	—	—	—	8
Pneumonia	20	76	71	39	64	99	278	242	889
Malaria	—	—	—	2	—	—	—	—	2
Dysentery	20	249	448	32	39	30	13	7	838
Acute Encephalitis—									
Infective	—	1	—	1	—	—	2	—	4
Post-Infectious	—	—	—	—	—	—	—	—	—
Food Poisoning	9	32	40	7	10	14	7	10	129
Tuberculosis of Respira- tory System	3	10	31	94	60	48	106	48	400
Other Forms of Tuber- culosis	—	4	7	4	4	2	10	6	37
Acute Rheumatism	—	—	25	3	—	—	—	—	28
TOTALS	183	1,090	1,561	354	305	247	459	343	4,542

Causes of Death.—In Table VIII on page 29 are given particulars of the number of deaths of Sheffield residents in the year 1956, classified according to disease, sex and age periods. It should be stated that, commencing with deaths registered in the year 1950, the classification of causes of death is that prescribed in the International List (sixth revision 1948), which replaced the fifth revision of 1938. This change in classification has lessened the value, as regards certain causes of death, of the comparisons which are made of death rates prior to the year 1950 with those of subsequent years.

Population and Birth Rates and Death Rates in Past Years.—Table IX on page 30 gives information in regard to the population of the City in 1956 and past years ; also the numbers of births and deaths in the City and the birth rates and death rates of Sheffield and of England and Wales in those years.

Classification of Occupations.—The Tables on pages 31 to 46 give particulars of deaths from Tuberculosis of the Lung, Cancer of the Lung and Bronchus, Bronchitis, Ulcer of the Stomach and Duodenum, and Leukaemia, classified according to occupation, age and sex. The occupations shown are in accordance with those given in the “ Classification of Occupations, 1950 ”, issued by the General Register Office.

**TABLE VIII.—Deaths of Sheffield Residents in the Year 1956 Classified
according to Disease, Sex and Age-Periods**

<i>Cause of Death</i>	<i>Sex</i>	<i>All Ages</i>	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	3,133	103	6	10	10	24	35	89	295	614	914	1,033
	F	2,719	63	3	8	10	15	28	75	154	341	734	1,288
TOTALS		5,852	166	9	18	20	39	63	164	449	955	1,648	2,321
1. Tuberculosis, Respiratory	M	69	—	—	—	—	1	3	10	11	26	15	3
	F	23	—	—	—	—	—	6	6	2	2	2	5
2. Tuberculosis, Other ..	M	6	—	—	—	—	—	—	1	2	1	—	2
	F	4	—	—	—	—	—	1	1	—	1	1	—
3. Syphilitic Disease ..	M	8	—	—	—	—	—	—	—	2	2	3	1
	F	3	—	—	—	—	1	—	—	—	1	—	1
4. Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	M	3	—	1	—	1	—	—	—	1	—	—	—
	F	1	—	—	—	—	—	—	—	1	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	1	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Para- sitic Diseases	M	8	2	—	—	—	—	—	—	1	4	1	—
	F	3	—	—	—	1	1	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach	M	93	—	—	—	—	—	—	3	18	17	26	29
	F	59	—	—	—	—	—	1	3	6	7	17	25
11. Malignant Neoplasm, Lung, Bronchus ..	M	239	—	—	—	—	—	1	12	41	86	73	26
	F	28	—	—	—	—	—	—	1	3	5	11	8
12. Malignant Neoplasm, Breast	M	1	—	—	—	—	—	—	—	1	—	—	—
	F	72	—	—	—	—	—	1	4	11	23	18	15
13. Malignant Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	35	—	—	—	—	—	2	3	9	11	10	10
14. Other Malignant and Lymphatic Neoplasms	M	290	—	—	2	—	1	4	9	25	57	102	90
	F	247	—	—	—	3	—	1	14	20	58	71	80
15. Leukaemia, Aleukaemia	M	14	—	—	1	—	2	—	3	2	2	3	1
	F	14	—	—	—	2	1	1	1	1	3	3	2
16. Diabetes	M	14	—	—	—	—	—	—	1	1	2	8	2
	F	18	—	—	—	—	—	—	—	1	1	8	8
17. Vascular Lesions of Nervous System ..	M	330	—	—	—	—	1	4	6	13	51	118	137
	F	473	—	—	—	—	—	—	2	27	55	138	251
18. Coronary Disease, Angina	M	534	—	—	—	—	—	1	9	68	150	173	133
	F	309	—	—	—	—	—	—	1	8	39	133	128
19. Hypertension with Heart disease	M	61	—	—	—	—	—	—	—	2	14	20	25
	F	94	—	—	—	—	—	—	—	3	7	26	58
20. Other Heart Disease ..	M	348	—	—	—	—	2	1	4	22	45	89	185
	F	439	—	—	—	—	2	4	9	25	34	97	268
21. Other Circulatory Disease	M	208	—	—	—	—	—	1	—	6	14	49	138
	F	276	—	—	—	—	1	1	1	5	16	54	198
22. Influenza	M	9	—	—	1	—	—	—	1	—	1	4	2
	F	11	—	—	—	—	—	1	—	1	1	2	6
23. Pneumonia	M	130	8	2	—	1	—	1	1	6	24	31	56
	F	96	8	1	2	—	—	1	—	4	5	32	43
24. Bronchitis	M	265	4	—	—	—	—	1	3	31	59	96	71
	F	123	1	1	—	—	—	1	4	7	16	31	62
25. Other Diseases of Respi- ratory System ..	M	38	4	—	—	—	1	2	—	3	9	8	9
	F	17	1	—	—	—	—	—	2	1	4	2	7
26. Ulcer of Stomach and Duodenum	M	31	—	—	—	—	—	—	2	3	5	11	10
	F	10	—	—	—	—	—	—	—	1	4	5	—
27. Gastritis, Enteritis and Diarrhoea	M	7	2	—	—	—	—	—	—	—	1	2	2
	F	10	2	—	—	—	—	1	—	—	—	3	4
28. Nephritis and Nephrosis	M	28	—	—	—	—	1	4	1	5	6	7	4
	F	23	—	—	—	1	—	—	5	2	7	6	2
29. Hyperplasia of Prostate	M	42	—	—	—	—	—	—	—	—	1	13	28
	F	—	—	—	—	—	—	—	—	—	—	—	—
30. *Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—	—	—	—
31. Congenital Malforma- tions	M	24	13	1	2	1	1	—	—	3	1	1	1
	F	20	14	—	1	—	1	1	—	1	2	—	—
32. Other defined and ill- defined Diseases ..	M	199	67	1	2	3	3	5	9	12	21	31	45
	F	229	36	—	4	2	5	7	9	11	29	49	77
33. Motor Vehicle Accidents	M	38	—	—	1	4	9	4	6	3	3	5	3
	F	16	—	—	—	1	2	—	4	2	4	1	2
34. All other Accidents ..	M	59	3	—	1	—	2	1	3	6	7	10	26
	F	47	1	1	—	—	—	—	2	5	6	5	26
35. Suicide	M	33	—	—	—	—	—	—	3	7	5	14	4
	F	17	—	—	—	—	1	—	3	1	2	8	2
36. Homicide and Operations of War	M	4	—	1	—	—	—	2	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—

* Item 30 includes one death from abortion.

TABLE IX.—Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1956, and previous years

Year	Population (Estimated)	SHEFFIELD				ENGLAND AND WALES	
		Live Births		Deaths		Birth Rate per 1,000 of Population	Death Rate per 1,000 of Population
		Number of births	Birth Rate per 1,000 population	Number of deaths	Death Rate per 1,000 population		
1851	135,310	5,946	41·6	4,027	28·2	34·2	22·0
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
*1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
*1912	466,408	12,887	27·7	6,661	14·3	23·8	13·3
1913	471,662	13,288	28·2	7,446	15·8	23·9	13·8
*1914	476,971	13,004	27·3	7,790	16·3	23·8	14·0
1915	476,012	12,139	25·5	8,173	17·2	21·8	15·7
1916	465,494	12,014	23·7	7,262	15·6	20·9	14·4
1917	469,293	11,026	21·1	6,892	14·7	17·8	14·4
1918	465,217	10,746	20·6	9,732	20·9	17·7	17·6
1919	473,695	10,353	21·0	6,564	13·9	18·5	13·7
1920	492,700	13,130	26·6	6,622	13·4	25·5	12·4
*1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2
1926	523,300	9,013	17·2	5,927	11·3	17·8	11·6
1927	524,900	8,526	16·2	6,436	12·3	16·7	12·3
1928	515,400	8,438	16·4	6,099	11·8	16·7	11·7
*1929	518,000	7,976	15·4	6,850	13·2	16·3	13·4
1930	517,700	7,831	15·1	5,675	11·0	16·3	11·4
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
*1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951	510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952	510,900	7,005	13·7	5,937	11·6	15·3	11·3
1953	507,600	7,055	13·9	6,041	11·9	15·5	11·4
1954	503,400	6,867	13·6	5,821	11·6	15·2	11·3
1955	501,100	6,756	13·5	5,934	11·8	15·0	11·7
1956	499,000	7,040	14·1	5,852	11·7	15·7	11·7

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841.

* The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 ; 1st April, 1929 ; and 1st April, 1934.

TABLE X.—Deaths from Tuberculosis of the Respiratory System of Sheffield Residents in the Year 1956, classified according to Occupation, Sex and Age Periods

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals		M.		F.		M.		F.		M.		F.		M.		F.		M.	
III.—MINING AND QUARRYING OCCUPATIONS																				
042. Hewers and Getters (by hand) ..	4	4	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..
044. Persons Developing Underground Workings in Rock ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES																				
119. Other and Undefined Foremen and Overlookers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
136. Steel Foundry Labourers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145. Blacksmiths ..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
146. Forgemmen, Pressmen ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150. Annealers, Hardeners, Temperers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
173. Turners (not brass) ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
176. Machine Setters, Setter-operators ..	3	3	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..
181. Precision Fitters, Tool Makers, Machine Tool Fitters ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
183. Machine Erectors, Millwrights, Maintenance Engineers ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
192. Glazers, Polishers, Buffers and Moppers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
259. Other Inspectors, Viewers, Testers ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
264. Cutlers ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
268. Edge Tool Grinders ..	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
VIII.—TANNERS, ETC., LEATHER GOODS MAKERS, FUR DRESSERS																				
379. Other Skilled Workers making Leather or Substitute Goods (not clothing) ..	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
401. Upholsterers, Coach Trimmers, etc. ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XI.—WORKERS IN WOOD, CANE AND CORK																				
479. Other Sawyers, Wood Turners, Wood Cutting Machinists ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
XIV.—WORKERS IN BUILDING AND CONTRACTING																				
583. Bricklayers ..	3	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
584. Bricklayers' Labourers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..

TABLE X.—Continued

OCCUPATION	TOTALS—ALL AGES			Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XV.—PAINTERS AND DECORATORS	2	2	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..
609. Other Painters and Decorators...																					
XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED)																					
611. Civil Service Executive and Higher Clerical Officers	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS																					
631. Locomotive Engine Drivers	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
651. Car and Coach Hire Proprietors and Managers	1	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
660. Lorry Drivers' Mates, Van Guards, etc.	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
661. Bus and Tram Conductors	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF)																					
749. Other Commercial Occupations	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
XXI.—PERSONS PROFESSIONALLY ENGAGED IN ENTERTAINMENTS AND SPORT																					
844. Actors, Actresses, Variety Artists, Entertainers	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.)																					
865. Publicans, Beersellers, Inn Keepers	2	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..
867. Waiters, Waitresses, Still Room Hands	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXIII.—CLERKS, TYPISTS, ETC.																					
890. Clerks (not elsewhere specified)	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLERS																					
901. Store Keepers	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC.																					
911. Other Stationary Engine Drivers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..

TABLE X.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals		M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED)																				
930. Assemblers (not elsewhere specified) ..	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
931. Machine Minders in Engineering and Allied Trades ..	2	1	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..
Labourers and other unskilled Workers in:-																				
940. Metal Working, Engineering, Electrical and Allied Trades ..	11	11	..	..	..	..	1	..	2	..	3	2	..	..	2	..	..	..	..	..
950. All other Industrial and Commercial Undertakings ..	3	3	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..
XXVII.—OTHER AND UNDEFINED WORKERS																				
979. All other and Undefined Occupations ..	3	3	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	..	..	..
XXVIII.—RETIRED OR NOT GAINFULLY OCCUPIED																				
990. No Occupation ..	1	1	..	..	..	..	..	4	..	..	..	..	..	2	..	..	..	..	..	..
999. Dependents ..	21	..	21	..	..	..	..	..	..	..	6	..	..	2	..	..	5	..	..	..
Totals ..	92	69	23	..	..	3	6	..	10	6	11	15	26	2	3	2	5	..	..	..

TABLE XI.—Deaths from Bronchitis of Sheffield Residents in the Year 1956, classified according to Occupation, Sex and Age Periods

OCCUPATION	TOTALS—ALL AGES			Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
II.—AGRICULTURAL, HORTICULTURAL AND FORESTRY OCCUPATIONS																					
010. Farmers, Farm Managers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
013. Market Gardeners, Nurserymen, Seedsmen, Flowergrowers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
015. Other Gardeners	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
III.—MINING AND QUARRYING OCCUPATIONS																					
040. Subordinate Superintending Staff (including Overmen, Deputies, Examiners, Foremen)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
042. Hewers and Getters (by hand)	6	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
044. Persons Developing Underground Workings in Rock	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
047. Other Workers below Ground	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
049. Other Workers above Ground	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
V.—COAL GAS AND COKE MAKERS, WORKERS IN CHEMICAL AND ALLIED TRADES																					
109. Other Skilled Workers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES																					
114. Fitting, Erecting Foremen, Overlookers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
119. Other and Undefined Foremen, Overlookers	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122. Blast Furnacemen, Steel Melters and their Teams	6	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126. Rollers and their Skilled Assistants	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
129. Wire Drawers and Makers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131. Iron or Steel Moulders and Core Makers	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
134. Iron or Steel Foundry Furnace and Cupola Men	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135. Iron Foundry Labourers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
136. Steel Foundry Labourers	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145. Blacksmiths	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
146. Forgemmen, Pressmen	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149. Other Skilled Smithy and Forge Workers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150. Annealers, Hardeners, Tempers	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156. Sheet Iron and Sheet Metal Workers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160. Platers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
173. Turners (not Brass)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
176. Machine Setters, Setter-operators	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
181. Precision Fitters, Tool Makers, Machine Tool Fitters	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE XI.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals																			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
183. Machine Erectors, Millwrights, Maintenance Engineers	5										2		2		1					
184. Motor and Motor Cycle Mechanics	2										1				1					
185. Fitter Assemblers	2														2					
200. Plumbers (not Chemical Plumbers)	3														2					
202. Gas Fitters	1																			
203. Pipe Fitters	2										1		1							
224. Pressers, Saw Piercers, Stampers	1														1					
225. Silver and White Metal Smiths, Mounters	5														1		2			
253. Fitting Shop Inspectors, Viewers, Testers	1														1					
259. Other Inspectors, Viewers, Testers	4										2		1		1					
261. Oxy-Acetylene or Electric Welders and Cutters	3										1				2					
264. Cutters	2										1				1					
268. Edge Tool Grinders	3										1		2							
271. Press Workers and Stampers (not Hot or Hydraulic), Drawers (not Wire or Tube)	1										1									
X.—MAKERS OF FOODS, DRINKS AND TOBACCO																				
421. Grain Millers	1																			
422. Bakers and Pastry Cooks	1														1					
XI.—WORKERS IN WOOD, CANE AND CORK																				
472. Carpenters, Joiners	3												1				1			
XIII.—MAKERS OF PRODUCTS (NOT ELSEWHERE SPECIFIED)																				
559. Other Skilled Workers in Plastics Moulding, Manipulating, etc.	1																			
562. Piano Tuners	1														1					
XIV.—WORKERS IN BUILDING AND CONTRACTING																				
582. Builders' Labourers	3																			
583. Bricklayers	2														1		1			
589. Masons, Stone Cutters	1														1					
593. Platelayers	1																1			
594. Paviers, Street Masons and Asphalters	1														1					
598. Other Skilled Workers	1														1					
XV.—PAINTERS AND DECORATORS																				
609. Other Painters and Decorators	1												1							

TABLE XI.—Continued

OCCUPATION	TOTALS—ALL AGES		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED)																		
611. Civil Service Executive and Higher Clerical Officers	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
615. Heads or Managers of Commercial and Industrial Office Departments ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
622. Managers in Engineering and Allied Trades	4	4	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..
623. Managers in Production of Textiles, Textile Goods, Leather, Leather Goods	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS																		
630. Railway Officials, Station Masters, Yard Masters, Passenger and Goods Agents	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
631. Locomotive Engine Drivers	2	2	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
637. Shunters, Pointsmen and Level Crossing Men	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
639. Porters (including Lampmen)	1	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..
652. Haulage and Cartage Contractors and Managers ; Master Carmen	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
653. Inspectors and Foremen (not Horse Foremen)	2	2	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..
655. Drivers of Trams	3	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
657. Drivers of Buses and Coaches	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
659. Drivers of Self-Propelled Goods Vehicles	3	3	..	..	..	..	..	..	..	1	..	1	..	2	..	1	..	..
702. Postmen, Post Office Sorters	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
708. Porters (not elsewhere specified)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF)																		
710. Proprietors, Managers of Wholesale Businesses	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
715. Commercial Travellers, Canvassers (not Dock, Insurance or Railway)	7	7	..	..	..	..	..	..	..	..	..	..	1	..	..	5	1	..

TABLE XI.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Proprietors, Managers of Retail Businesses for the sale of :—																				
720. Grocery, Provisions	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
721. Greengrocery	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
722. Meat	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
729. Other Non-Food Goods	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
741. Roundsmen, Van Salesmen ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
743. Costermongers and other Hawkers ..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
751. Bankers, Bank Managers, Inspectors, etc.	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
755. Insurance Agents and Canvassers ..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
757. Money Lenders, Pawnbrokers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF)																				
780. Teachers of Music	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
787. Mechanical Engineers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
791. Surveyors	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
813. Officials of Political, Industrial and Trade Associations	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
815. Painters, Sculptors, Engravers (Artists)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXX.—PERSONS EMPLOYED IN DEFENCE SERVICES																				
822. Army—Commissioned Officers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
831. Police (including Dock, Railway and Aerodrome Police), Other Ranks ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
833. Watchmen	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..
839. Other Occupations	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
XXXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.)																				
862. Proprietors and Managers of Restaurants	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
865. Publicans, Beersellers, Innkeepers ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
873. Barbers, Hair Dressers, Manicurists ..	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
875. Caretakers, Office Keepers	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
879. Window Cleaners	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
882. Chefs, Cooks	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
885. Other Domestic Servants (indoor) ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE XI.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals		M.		F.		M.		F.		M.		F.		M.		F.		M.	
XXIII.—CLERKS, TYPISTS, ETC. 890. Clerks (not elsewhere specified) .. 895. Costing, Estimating and Accounting Clerks (including Book-keepers) ..	2 2	2 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 1	....	....	....	....	....
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLEERS 901. Store Keepers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC. 910. Stationary Engine Drivers. Underground in Mines .. 911. Other Stationary Engine Drivers .. 912. Crane Drivers .. 914. Slingers and Riggers .. 915. Boiler Firemen and Stokers ..	1 1 6 2 3	1 1 6 2 3	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	.. .. .. .. ..	1 1 1 2	..........	..........	..........	..........	..........
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED) 931. Machine Minders, Engineering and Allied Trades Labourers and other Unskilled Workers in :— 940. Metalworking, Engineering, Electrical and Allied Trades .. 950. All Other Industrial and Commercial Undertakings	4 45 11	4 45 11	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
XXVII.—OTHER AND UNDEFINED WORKERS 961. Inspectors, etc. (in the Distribution of Gas, Water and Electricity) .. 965. Other Workers .. 971. Foremen, Overlookers (not elsewhere specified)	1 1 1	1 1 1	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......	......
XXVIII.—RETIRED OR NOT FULLY OCCUPIED 999. Dependents	125	4	121	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
TOTALS	388	265	123	4	2	..	1	1	3	4	31	7	16	59	96	31	59	51	12	11

TABLE XII.—Deaths from Leukaemia of Sheffield Residents in the Year 1956, classified according to Occupation, Sex and Age Periods

OCCUPATION	TOTALS—ALL AGES			Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES																					
126. Rollers and their Skilled Assistants	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
174. Drillers (Hand or Machine)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED)																					
611. Civil Service Executive and Higher Clerical Officers	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS																					
631. Locomotive Engine Drivers	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
659. Drivers of Self-Propelled Goods Vehicles	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
661. Bus and Tram Conductors	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF)																					
713. Sales Managers (Manufacturers')	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
756. Auctioneers, Estate Agents, Appraisers, Valuers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF)																					
810. Qualified Accountants	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.)																					
885. Other Domestic Servants (indoor)	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXIII.—CLERKS, TYPISTS, ETC.																					
891. Shorthand Typists, Secretaries (not Company Secretaries)	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED)																					
Labourers and other Unskilled Workers in :—																					
940. Metal Working, Engineering, Electrical and Allied Trades	3	3	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..
950. All other Industrial and Commercial Undertakings	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXVIII.—RETIRED OR NOT GAINFULLY OCCUPIED																					
999. Dependents	13	1	12	1	2	..	..	..	1	..	..	..	..	3	..	3	..	2	..	..	..
TOTALS	28	14	14	1	2	2	1	..	1	3	1	2	1	3	1	3	3	1	2	..	..

TABLE XIII.—Deaths from Ulcer of Stomach and Duodenum of Sheffield Residents in the Year 1956, classified according to Occupation,
Sex and Age Periods

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals		M.		F.		M.		F.		M.		F.		M.		F.		M.	
V.—COAL GAS AND COKE MAKERS, WORKERS IN CHEMICAL AND ALLIED TRADES																				
090. Foremen, Overlookers (Making of Coal Gas and Coke)	1	1													1					
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES																				
146. Forgemmen, Pressmen	1	1													1					
149. Other Skilled Smithy and Forge Workers	1	1													1					
188. Other Fitters	1	1																		
200. Plumbers (not Chemical Plumbers)	1	1																		
254. Electrical Work Inspectors, Viewers, Testers	1	1													1					
259. Other Inspectors, Viewers, Testers	1	1																		
264. Cutlers	1	1																		
268. Edge Tool Grinders	1	1																		
IX.—MAKERS OF TEXTILE GOODS AND ARTICLES OF DRESS (NOT BOOTS AND SHOES)																				
385. Dressmakers and other Light Clothing Makers	1	1																		
401. Upholsterers, Coach Trimmers, etc.	1	1																		
XIV.—WORKERS IN BUILDING AND CONTRACTING																				
582. Builders' Labourers	1	1																		
583. Bricklayers	1	1																		
593. Platelayers	1	1																		
XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED)																				
622. Managers in Engineering and Allied Trades	1	1																		
XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS																				
637. Shunters, Pointsman and Level Crossing Men	1	1																		
651. Car and Coach Hire Proprietors and Managers	1	1																		
658. Drivers of Other Self-Propelled Passenger Vehicles	1	1																		

TABLE XIII.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF) ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
712. Buyers (not Manufacturer's) ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
739. Salesmen, Shop Assistants Selling Other Non-Food Goods ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
741. Roundsmen, Van Salesmen ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
777. Opticians (Ophthalmic, Consulting, Dispensing) ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
785. Other Teachers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.)	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
885. Other Domestic Servants (indoor) ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXIII.—CLERKS, TYPISTS, ETC.	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
895. Costing, Estimating and Accounting Clerks (including Book-keepers)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLERS	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
900. Warehousemen ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
901. Store Keepers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC. ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
912. Crane Drivers ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED)	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Labourers and other Unskilled Workers in :—	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
940. Metal Working, Engineering, Electrical and Allied Trades ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
950. All other Industrial and Commercial Undertakings ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXVIII.—RETIRED OR NOT FULLY OCCUPIED	8	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
999. Dependents ..	41	31	10	..	..	..	..	2	..	3	1	5	4	11	5	9	..	1	..
TOTALS ..	41	31	10	..	..	..	..	2	..	3	1	5	4	11	5	9	..	1	..

TABLE XIV.—Deaths from Cancer of the Lung and Bronchus of Sheffield Residents in the Year 1956, classified according to Occupation, Sex and Age Periods

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals		M.		F.		M.		F.		M.		F.		M.		F.		M.	
II.—AGRICULTURAL, HORTICULTURAL AND FORESTRY OCCUPATIONS																				
015. Other Gardeners.. ..	1	1													1					
III.—MINING AND QUARRYING OCCUPATIONS																				
040. Subordinate Superintending Staff (including Overmen, Deputies, Examiners, Foremen)	1	3									1				2					
042. Hewers and Getters (by hand) ..	3										1									
043. Persons Conveying Material to the Shaft ..	1	1																		
049. Other Workers above Ground ..	1	1									1									
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES																				
114. Fitting, Erecting Foremen and Overlookers ..	2	2																		
119. Other and Unidentified Foremen and Overlookers ..	5	5							1											
122. Blast Furnacemen, Steel Melters and their Teams ..	4	4									2				1					
126. Rollers and their Skilled Assistants ..	1	1									1				1					
129. Wire Drawers and Makers ..	1	1									1									
131. Iron or Steel Moulders and Core Makers ..	6	6									1				1					
134. Iron or Steel Foundry Furnace and Cupola Men ..	2	2									2									
136. Steel Foundry Labourers ..	2	2																		
145. Blacksmiths ..	3	3									1									
146. Forgemmen, Pressmen ..	2	2													2					
149. Other Skilled Smithy and Forge Workers ..	1	1													1					
150. Annealers, Hardeners, Temperers ..	1	1																		
151. Picklers ..	1	1																		
156. Sheet Iron and Steel Metal Workers ..	1	1																		
160. Platers ..	2	2													1					
172. Brass Turners ..	1	1																		
173. Turners (not Brass) ..	4	4									2									
176. Machine Setters, Setter-operators ..	5	5																	1	
181. Precision Fitters, Tool Makers, Machine Tool Fitters ..	2	2																		

TABLE XIV.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals		M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.
183. Machine Erectors, Millwrights, Maintenance Engineers	3	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
189. Machine Erectors', Fitters', Mechanics' Mates	2	2	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
201. Plumbers' Labourers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
225. Silver and White Metal Smiths, Mounters	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
229. Other Skilled Workers in Precious Metals	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
259. Other Inspectors, Viewers, Testers	4	4	..	..	..	..	..	..	1	..	..	1	2	..	..	..	..	..	..	..
261. Oxy-Acetylene or Electric Welders and Cutters	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
263. Constructional Engineers (not Professional), Steel Erectors, Structural Iron Workers	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
264. Cutters	4	4	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..
266. File Cutters (Machine or Hand)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
268. Edge Tool Grinders	1	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
279. Other Skilled Workers	3	3	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
X.—MAKERS OF FOODS, DRINKS AND TOBACCO																				
440. Foremen, Overlookers in the making of Alcoholic Drinks	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
XI.—WORKERS IN WOOD, CANE AND CORK																				
470. Foremen, Overlookers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
472. Carpenters, Joiners	3	3	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..
476. Pattern Makers (Wood or Undefined)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XIII.—MAKERS OF PRODUCTS NOT ELSEWHERE SPECIFIED																				
579. Other Skilled Workers	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
XIV.—WORKERS IN BUILDING AND CONTRACTING																				
580. Foremen, Gangers	3	3	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..
582. Builders' Labourers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
583. Bricklayers	2	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
584. Bricklayers' Labourers	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
586. Plasterers' Labourers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
587. Glaziers	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
593. Platelayers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
598. Other Skilled Workers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
599. Other Workers (mainly Navvies)	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..

TABLE XIV.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
XXV.—PAINTERS AND DECORATORS																				
600. Foremen, Overlookers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
609. Other Painters and Decorators	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED)																				
611. Civil Service Executive and Higher Clerical Officers	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
622. Managers in Engineering and Allied Trades...	8	8	..	..	..	..	..	..	..	..	..	..	3	3	5	5	..	..	..	..
XXVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS																				
630. Railway Officials, Station Masters, Yard Masters, Passenger and Goods Agents...	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
631. Locomotive Engine Drivers	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
634. Locomotive Running Shed Workers	3	3	..	..	..	..	..	1	1	..	..	..	..	..	2	2	..	..	..	..
636. Signalmen	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
638. Ticket Collectors and Examiners	2	2	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..
639. Porters (including Lampmen)	2	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
652. Haulage and Carriage Contractors and Managers; Master Carmen	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
655. Drivers of Trams	2	2	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..
659. Drivers of Self-Propelled Goods Vehicles	3	3	..	..	..	..	..	..	..	..	..	..	2	2	1	1	..	..	..	..
669. Other Road Transport Workers	3	3	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
675. Petty Officers, Seamen and Deck Hands	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
702. Postmen, Post Office Sorters	2	2	..	..	..	..	..	..	..	1	1	..	..	..	1	1	..	..	..	..
706. Messengers	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
XXVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF)																				
710. Proprietors, Managers of Wholesale Businesses	6	5	1	..	..	..	..	..	..	..	..	1	..	..	3	3	..	2	..	..
Proprietors, Managers of Retail Businesses for the sale of:—																				
720. Grocery, Provisions	2	2	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
722. Meat	2	2	..	..	..	..	..	..	1	1	..	..	1	1	..	..	..	..	..	..
726. Confectionery, Tobacco, Newspapers	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
729. Other Non-Food Goods	4	4	..	..	..	..	..	..	..	..	1	..	2	2	1	1	..	..	..	..

TABLE XIV.—Continued

OCCUPATION	TOTALS—ALL AGES		Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Salesman, Shop Assistants Selling :—																				
730. Grocery, Provisions	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
732. Meat	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
741. Roundsmen, Van Salesmen ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
743. Costermongers and Other Hawkers ..	2	2	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..
749. Other Commercial Occupations ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
753. Insurance Managers, Underwriters ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF)																				
787. Mechanical Engineers	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
791. Surveyors	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
801. Metallurgists	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXX.—PERSONS EMPLOYED IN DEFENCE SERVICES																				
831. Police (including Dock, Railway and Aerodrome Police), Other Ranks ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
832. Fire Brigade Officers and Men ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
833. Watchmen	3	3	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
XXXI.—PERSONS PROFESSIONALLY ENGAGED IN ENTERTAINMENTS AND SPORT																				
848. Race Horse and Greyhound Trainers, Jockeys, Stable Lads, Kennel Attendants	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
850. Cricketers, Footballers, Golfers, etc. ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
XXXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.)																				
865. Publicans, Beersellers, Inn Keepers ..	3	3	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..
872. Managers, Attendants of Baths and Wash-houses	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
873. Barbers, Hair Dressers, Manicurists ..	3	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
875. Caretakers, Office Cleaners	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
879. Window Cleaners	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
880. Chimney Sweeps	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
881. Funeral Directors and Assistants ..	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
888. Others in Personal Service	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
XXXIII.—CLERKS, TYPISTS, ETC.																				
890. Clerks (not elsewhere specified) ..	3	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
895. Costing, Estimating and Accounting Clerks (including Book-keepers) ..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..

TABLE XIV—Continued

OCCUPATION	TOTALS—ALL AGES			Under 15 years		15 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 and under 75 years		75 and under 85 years		85 years and upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XXXIV.—WAREHOUSEMEN, STORE KEEPERS, PACKERS, BOTTLEERS																					
900. Warehousemen	5	5	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	2	..	..	..
901. Store Keepers	1	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..
XXXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC.																					
912. Crane Drivers	3	3	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..
914. Slingers and Riggers	5	5	..	..	..	..	..	..	..	..	..	1	..	2	..	2	..	..	..	..	..
915. Boiler Firemen and Stokers	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
XXXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED)																					
931. Machine Minders, Engineering and Allied Trades	3	3	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	..	..
Labourers and Other Unskilled Workers in :—																					
935. Making of Bricks, Tiles, Pottery, etc. ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
940. Metal Working, Engineering, Electrical and Allied Trades	29	29	..	..	..	..	..	..	2	..	3	..	..	12	..	11	..	1	..	..	..
950. All Other Industrial and Commercial Undertakings	11	11	..	..	..	..	..	..	1	..	..	..	..	5	..	3	..	2	..	..	..
XXXVII.—OTHER AND UNDEFINED WORKERS																					
972. Sand Blasters (excluding Shot Blasters)	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
XXXVIII.—RETIRED OR NOT GAINFULLY OCCUPIED																					
999. Dependents	27	..	27	..	..	..	..	..	..	..	1	..	2	..	5	..	11	..	5	..	3
TOTALS	267	239	28	..	..	..	1	..	12	1	41	3	86	5	73	11	24	5	2	3	3

ACUTE RHEUMATISM REGULATIONS, 1947-1953

The Acute Rheumatism Regulations, originally made in 1947 for a trial period of three years, were continued in 1950 and, after lapsing for a short period, were again renewed as from 15th January, 1954. Certain selected areas of the country, of which Sheffield is one, have therefore been able to increase their experience of the notification of this disease in children up to 16 years of age. On balance, it appears that a useful purpose has been served, and most general practitioners agree that the facilities provided for expert diagnosis, care and after care, have been valuable.

The following table gives particulars of the annual notifications of Acute Rheumatism since the introduction of the Regulations in 1947 :—

TABLE XV.—Notifications of Acute Rheumatism in Sheffield, 1947-56

1947 (from Oct. 1st)	1948	1949	1950	1951	1952	1953 (to Sept. 30th)	1954 (from 15th Jan)	1955	1956
71 (65)	143 (116)	52 (44)	91 (72)	30 (27)	39 (31)	68 (59)	37 (33)	21 (16)	34 (28)

(Figures in brackets represent number confirmed out of the total notifications).

During 1956, 34 cases of acute rheumatism were notified and, following investigation, 28 of these were accepted as definite cases. A number of them were severe cases, with heart complications, and chorea was diagnosed in one case compared with two cases in 1955.

A tabulated statement of cases notified during 1956, by age, sex and clinical classification is given in the following Table :—

TABLE XVI.—Tabulation by Age, Sex and Clinical Classification of Cases notified as Acute Rheumatism in the year 1956

Clinical Classification of Case notified	Age in Years								Total all ages		Total both sexes
	0—4		5—9		10—14		15+				
	M	F	M	F	M	F	M	F	M	F	
I. Rheumatic pains and/or Arthritis without heart disease	—	—	3	—	3	—	1	1	7	1	8
II. Rheumatic Heart Disease (active)—											
(a) with polyarthritis ..	—	—	1	4	4	3	1	—	6	7	13
(b) with chorea	—	—	—	—	—	—	—	—	—	—	—
(c) with no other rheu- matic manifestations ..	—	—	1	2	—	3	—	—	1	5	6
III. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
IV. Rheumatic Chorea (alone)	—	—	1	—	—	—	—	—	1	—	1
TOTAL RHEUMATIC CASES ..	—	—	6	6	7	6	2	1	15	13	28
V. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
VI. Other non-rheumatic heart disease or disorder ..	—	—	—	—	—	—	—	—	—	—	—
VII. Not rheumatic or cardiac disease	—	—	1	2	—	3	—	—	1	5	6
TOTAL NON-RHEUMATIC CASES	—	—	1	2	—	3	—	—	1	5	6

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

By ANN KIRK BLACK, M.B., CH.B.,

Senior Assistant Maternity and Child Welfare Medical Officer

*"The bearing and training of a child
Is woman's wisdom."*—Tennyson (The Princess)

In the administration of the Maternity and Child Welfare Services there were three principal Municipal clinics at 31st December, 1956, these being the City Maternity and Child Welfare Centre at Orchard Place and the Firth Park and Manor Centres. There were also 14 subsidiary Centres located at suitable points so that, as far as was practicable, they covered the City. In addition, there were two General Welfare Centres at Parson Cross and Carbrook, which are used at different times for Maternity and Child Welfare work, and work amongst the handicapped.

The total number of children under five years of age attending the various clinics in 1956 was 15,770 as compared with 15,533 in 1955. Details of attendances at these clinics are shown in the appropriate section of the report (page 77).

An aggregate of 6,072 expectant mothers attended during the year at the ante-natal clinics provided at these Maternity and Child Welfare Centres. This compares with an aggregate of 5,540 in 1955.

There are also ante-natal clinics at the City General and Nether Edge Hospitals administered by the Regional Hospital Board. When arrangements have been made for an expectant mother to have her confinement in the City General Hospital, her records are transferred to the ante-natal clinic there about the 36th week of pregnancy, and her continued ante-natal care is the responsibility of the medical staff at the Hospital. In certain cases, where there is a medical or obstetrical abnormality present requiring specialist treatment, the patient is transferred to the City General Hospital early in pregnancy. Primigravidae who are booked for admission to the Nether Edge Maternity Hospital are transferred to the hospital for the 36th week examination, and in certain cases expectant mothers continue attendance at the hospital ante-natal session until term, but the remainder are returned for clinic supervision. There is also a small ante-natal clinic held for training the Part II pupil midwives in ante-natal care. Patients living in the vicinity of this hospital find it convenient to attend this midwives' clinic. In addition there is an ante-natal Centre at the Jessop Hospital for Women. We have been granted facilities in the Professorial Unit of this Hospital for the admission each month of a few patients with abnormalities. This service has been most helpful in assisting us with abnormalities arising late in pregnancy.

The City General and Nether Edge Hospitals and the Maternity and Child Welfare Centre work together as a unit in the care of expectant mothers, and cases defaulting in attendance at the hospital or for some reason requiring to be followed up are referred back to the Centre. The 1956 figures of attendances at the Council's clinics included 1,291 expectant mothers whose confinements were arranged to take place in the City General Hospital or who were sent to hospital for ante-natal treatment in emergency, as compared with 1,166 women during 1955. There were 29 expectant mothers transferred to Nether Edge Hospital for ante-natal supervision for teaching purposes and 599 for the 36th week examination.

Expectant mothers who arrange for home confinement and engage the services of a municipal midwife are requested to continue attendance at the clinic at which their booked midwife is present, so that each midwife can keep her patients under ante-natal supervision as is required under the Rules of the Central Midwives Board. Full records are kept by the midwife and, together with records of the labour and puerperium, are returned to the centre for future reference.

Many expectant mothers are sent to the clinic by their own doctor for ante-natal supervision. Co-operation between the medical practitioner and the clinic is maintained by informing him, or referring the case to him, when any of his booked expectant mothers develop abnormalities of pregnancy. The medical practitioner is also given information as to the Rhesus Factor of every patient who attends the clinic. Discussions have been taking place with a view to integrating more closely all aspects of maternal care.

The following statement, which has been furnished by the Sheffield Regional Hospital Board, gives information with regard to confinements of Sheffield women which took place in 1956 in the Maternity Hospitals which have been transferred from the administration of the City Council to that of the Board. Information is also included which has been furnished by the Jessop Hospital.

<i>Year 1956</i>	<i>City General Hospital</i>	<i>Nether Edge Hospital</i>	<i>Jessop Hospital for Women</i>
Number of women whose confinements took place in the hospital	1,702	990	1,323
Number of live births resulting from these confinements	1,739	990	1,300
Number of still births resulting from these confinements	77	9	46

NOTIFICATION OF BIRTHS

Compulsory notification of births is a requirement under the Public Health Act, 1936. Notifications of 7,956 live births and 193 still births, making a total of 7,956 births, were received in the year 1956. These births were attended as follows :—

At Home—							
By Private Medical Practitioners	..	..	..	..	..	1,377	
By Midwives	..	..	..	..	..	1,592	
						<hr/>	2,969
In Nursing Homes	..	..	..	..	..	..	252
In Hospitals—							
City General Maternity Hospital	..	..	..	..	..	1,836	
Nether Edge Maternity Hospital	..	..	..	..	..	1,026	
Jessop Hospital for Women	..	..	..	..	..	1,873	
						<hr/>	4,735
							<hr/>
						TOTAL ..	7,956
							<hr/> <hr/>

It should be explained that the obligation to notify applies to all births occurring in the City, whether amongst Sheffield residents or otherwise, and that the foregoing figures, therefore, contain a certain proportion of births relating to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

THE MATERNITY SERVICES

The work of the Maternity Section of the Maternity and Child Welfare Service continues very much on similar lines to past years. Every expectant mother who attends the Local Authority's clinics is examined medically and arrangements are made for her confinement according to her obstetrical condition and home circumstances.

On her initial attendance the expectant mother receives a complete medical examination and, according to the duration of the pregnancy, an obstetrical examination. Blood samples are taken for Wassermann test, blood group and Rhesus factor and, when considered necessary, the expectant mother is referred to the laboratory at the City General Hospital for haemoglobin estimation and full blood count. If the expectant mother gives a history of tuberculosis or is a contact of a case of tuberculosis in the household, she is referred to the Chest Clinic for examination including X-ray, and arrangements are made for B.C.G. vaccination of the coming baby. If the mother has a lesion herself or is a contact of a positive case of tuberculosis in the household, segregation of the newly born infant is arranged until the period of conversion following the B.C.G. vaccination

has been completed. The expectant mother with no such history is referred to the Mass Radiography Centre for chest X-ray. This arrangement works very satisfactorily and only a few mothers refuse to attend. The Health Visitor receives a notification of each expectant mother attending the clinic and she is asked to return to the office any information she may have on environmental conditions, family history, etc. which may be of value when arranging for the confinement.

When the expectant mother is found to be healthy, arrangements are made for the home to be visited by a Domiciliary Midwife. The demand for hospital beds is extremely heavy, as three quarters of the expectant mothers request hospital confinement. At the moment the housing shortage creates difficulties, as most young married people are living in rooms either with their own relatives or with strangers. In making a decision as to the suitability of the home for confinement, several factors must be considered, e.g. :—

- (1) The state of the house, whether in good or bad repair.
- (2) Whether there is overcrowding in the bedroom accommodation.
- (3) Whether the house is let off in rooms to several families, each occupying one or two rooms with the use of a communal kitchen and bathroom.

The human factor also is very important in assessing these cases. Where young people are living in rooms, even with their own relatives, the tenant of the house may refuse to put up with the trouble and disturbance of a confinement, despite the fact that the accommodation is suitable in every way. Some tenants will not hesitate to evict young people from rooms if it is suggested that confinement could take place in the home.

Other factors which have to be taken into account are :—

- (1) Poverty, due to idleness or mental instability in a problem family.
- (2) Illness of the husband or other relative in the house who may be expected to care for the mother during the puerperium.
- (3) The unmarried mother, whose social difficulties are naturally accentuated at such a time, and whose relatives generally refuse to have her at home for the confinement.

On these social grounds many normal cases must be given a bed in hospital for confinement. In future, as the housing position improves, more expectant mothers may well wish to be delivered in their own homes.

Hospital confinement is considered advisable for expectant mothers with previous history of abortions, forceps or Caesarean Section deliveries, stillbirths or neonatal deaths, for all primigravidae aged 30 years and over, and for those who have any of the following conditions :—

- (1) Medical lesion, such as tuberculosis, heart disease, neurological disease, rhesus incompatibility, etc.
- (2) Obstetrical lesion, such as toxæmia of pregnancy, ante-partum hæmorrhage, small pelvis, tumour or multiple pregnancies.

In multigravidae, several factors should be considered, such as age, e.g., expectant mothers over 40 years of age, number of pregnancies, weight of infants at birth, and the closeness of successive pregnancies.

The Maternity Service should have three aims :—

- (1) To bring the mother safely through pregnancy, labour and puerperium.
- (2) To secure the birth of a healthy full-time baby.
- (3) To see that the mother emerges from her lying-in period in as healthy a condition as when she began her pregnancy.

Thus the role of the hospital becomes very definite as the place for abnormal midwifery in every sense. At the moment, of necessity, costly hospital beds must be used on social grounds, but it is hoped that, as new houses are built, this type of case will disappear and overcrowding of maternity units will be reduced.

The Local Authority's clinic centres serve as an excellent clearing house and, after examination, mothers can be booked for home or hospital confinement. This considerably reduces attendances of expectant mothers at maternity hospital units, which would otherwise be quite unable to accept for delivery all the patients who would present themselves. However, no clinic centre can work well unless supported by a sufficient number of ante-natal and lying-in beds. Assurance must be given to every expectant mother who requests a bed in hospital for confinement and has to be refused, that should any abnormality occur during the ante-natal period, labour or in the lying-in period, she will be admitted to hospital immediately. It has always been most gratifying to have such excellent help from the three hospitals, namely, the City General, Nether Edge and Jessop Hospitals.

For the mother who is delivered in her own home the Local Authority provides the services of a midwife ; gas and air or trilene analgesia is available ; a maternity pack is given ; the mother can apply for the

services of a home help : and provision can be made for the care of the other children if necessary, either in a day nursery or a residential nursery, during the puerperium.

The Local Authority's Dental Service is open to all expectant mothers who are attending the clinic centres. The Service provides sealing, filling, extraction of teeth, and the supply of full or part dentures free of cost, and is also available during the post-natal period for one year after the birth of the child. This free service can only be granted through the Local Authority, but unfortunately far too few mothers avail themselves of these facilities (see page 105).

Health education is now a very important feature of the Maternity and Child Welfare Service. The expectant mother, especially the primi-gravida, is advised to attend mothercraft classes for talks given by health visitors and midwives on personal hygiene, diet, breast feeding, nature of labour, the making of infant clothing, etc. After the child is born, further talks are given on child care, feeding, hygiene of the infant, vaccination and immunisation. As the child reaches the toddler stage, mothers may attend for talks on infant problems such as jealousies, temper tantrums, refusal of food, etc. During the ante-natal period, exercise and relaxation classes are held.

ANTE-NATAL CLINICS

Ante-natal sessions were held at thirteen of the Maternity and Child Welfare Centres and, during the year, 2,255 sessions were held and patients made 37,465 attendances (giving an average of 16·6 per session), as compared with 34,448 and a sessional average of 14·4 in 1955.

It is the practice at the Maternity and Child Welfare Centre ante-natal clinics for a Health Visitor or Clinic Nurse to be in attendance with the Medical Officer at the examination of patients. In order that the Municipal Midwives may fulfil their duties under the Central Midwives Board rules, they attend ante-natal sessions to see their own patients. It is only possible to arrange for attendance in the afternoons as the midwives are out visiting their cases in the mornings. This scheme is working well and is of value as an additional link between the district midwife, the clinic and the expectant mother.

Ante-natal patients attending the clinic are always under the supervision of a doctor.

The figure below show attendances at the various Centres, and include certain cases later transferred to the ante-natal clinics at the City General and Nether Edge Hospitals.

Attendances at Ante-natal Clinics

<i>Centre</i>			<i>Total New Cases</i>	<i>Total Attendances of all Cases</i>	<i>*No. of Sessions</i>	<i>Average Attendances per Session</i>
Orchard Place			3,888	14,550	811	18
Firth Park			295	3,568	241	15
Manor			372	4,268	252	17
Broadfield			—	2,467	152	16
Broomhill			—	824	51	16
Burngreave			—	2,077	97	21
Carbrook			—	1,722	97	18
Darnall			—	2,205	99	22
Greenhill			—	428	48	9
Hillsborough			—	2,275	202	11
Parson Cross			—	1,185	104	11
Woodhouse			33	858	52	16
Wybourn			—	1,038	49	21
TOTALS			<u>4,588</u>	<u>37,465</u>	<u>2,255</u>	<u>16·6</u>

* In certain instances these are part sessions only, relating to combined ante-natal and infant welfare clinics.

Comparative figures of new cases and attendances at the ante-natal clinics at the Maternity and Child Welfare Centres during the last five years are given in the following statement :—

<i>Year</i>					<i>New Cases</i>		<i>Total Attendances of all Cases</i>
1952					4,429	..	35,268
1953					4,472	..	36,612
1954					4,159	..	35,171
1955					4,178	..	34,448
1956					4,588	..	37,465

DETAILED SURVEY OF MATERNITY CASES (DELIVERED DURING 1956)

The following is a Survey on 4,356 cases who attended the Maternity and Child Welfare Centre ante-natal clinics and who were confined or left the City during the year 1956.

Booked for hospital delivery						2,379	
Booked for home delivery						<u>1,511</u>	3,890
Miscarriages .. ..						..	148
Left the City before confinement .. ..						..	131
Not pregnant .. ..						..	<u>187</u>
TOTAL							<u>4,356</u>

The detailed Survey given below is in respect of 3,890 mothers who were delivered of a live or stillborn baby and shows the ante-natal classification, result of delivery and conditions associated with the child. Patients were delivered chiefly at the City General and Nether Edge Hospitals or at home under the Domiciliary Midwifery Service, and in a few special cases at the Jessop Hospital for Women.

Ante-natal Classification

NORMAL IN ALL RESPECTS	2,076
PATIENTS WITH ONE OR MORE ABNORMALITY	1,814
TOTAL ..	<u>3,890</u>

ABNORMALITIES OF THE 1,814 PATIENTS ARE AS FOLLOWS :—

Toxaemia of Pregnancy

Eclampsia	1
Pre-eclampsia	147
Hypertension	24
	<u>172</u>

Cardio-Vascular System

Mitral Stenosis	19
Congenital heart lesion	2
Varicosity	1
Thrombophlebitis	3
	<u>25</u>

Respiratory System

Tuberculosis—quiescent	18
active	14
Pneumonia	1
Bronchiectasis	4
Asthma	2
Pleurisy	1
	<u>40</u>

Digestive System

Gastric Ulcer	1
Hyperemesis gravidarum	3
Hepatic failure with hyperemesis gravidarum	1
	<u>5</u>

Haemopoietic System

Microcytic hypochromic anaemia	200
Normocytic normochromic anaemia	1,067
Megaloblastic anaemia	1
	<u>1,268</u>

Urinary System

B.coli pyelitis	56
Orthostatic albuminuria	1
Pyelonephritis	2
Haematuria	1
	<u>60</u>

Nervous System

Epilepsy	7
Petit Mal	1
Poliomyelitis paralysis	1
Melancholia	1
	<hr/> 10

Other diseases

Congenital syphilis	1
Acquired syphilis	4
Rheumatoid arthritis	1
Diabetes mellitus	1
Acholuric jaundice	1
Glycosuria	1
Infective hepatitis	1
	<hr/> 10

Conditions associated with pregnancy

Threatened miscarriage	14
Hydramnios	8
Ante-partum haemorrhage	47
Rhesus antibodies present in the maternal blood	30
	<hr/> 99

Malpresentation

Breech, external version	265
Breech, failed version	19
Breech presentation	19
Transverse, rectified	19
	<hr/> 322

Skeletal System

No cases found with abnormalities.

Tumours complicating pregnancy

Fibroids	6
Benign ovarian cyst	3
Bartholin gland cyst	1
	<hr/> 10

Diseases of the ductless glands

Colloid goitre	1
Myxædema	1
Adenoma of thyroid gland	1
	<hr/> 3

Abnormalities

Toxaemia of Pregnancy.—The term toxaemia of pregnancy is used to include eclampsia, mild and severe pre-eclampsia and the hypertensive syndrome without albuminuria, which occurs in the later weeks of pregnancy and usually subsides rapidly after delivery. There were 172 mothers

suffering from toxæmia of pregnancy and, with the exception of three mothers who were delivered at home, all were admitted to hospital for ante-natal treatment varying from a few days to almost four weeks. The majority of the mothers were given medical or surgical induction of labour, just before or at term, in order to obtain a live healthy baby. There was one case of eclampsia : the mother had three convulsions just before onset of premature labour at the 36th week, and the baby, which weighed 2 lbs. 13 ozs., was stillborn.

Of the 147 cases of pre-eclampsia, 115 mothers had full-time confinements, and 32 mothers had premature confinements, varying from 30 to 38 weeks gestation. There were 144 children born alive, but five premature children died a few days after birth and nine children were stillborn. There were six sets of twins.

Of the 24 cases of hypertension, 20 mothers had full term confinements and four mothers had premature confinements. 22 children were born alive but one child died of hæmolytic disease of the newborn and two children were stillborn.

It is known how difficult it is to estimate the duration of pregnancy with accuracy as the menstrual history is often vague and misleading. It is usually taken from the first day of the last menstrual period to the day of delivery. The clinical course of pregnancy as the rate of rise of the fundus of the uterus and the appearance of the first foetal movements, is usually accepted as a guide.

Prematurity is defined in terms of birth weight, 5 lbs. 8 ozs. or less at birth, without regard to length of gestation. This procedure is recognised internationally.

The importance of early detection of the slightest deviation from normal cannot be stressed too strongly in ante-natal care. Thorough supervision of the health of the expectant mother, the noting of blood pressure and weight gain, and urine testing should always be carried out. Any persistent abnormality is an indication for early admission to hospital. This gives the mother the best chance not only of giving birth to a live, healthy child but also of making a recovery with the least possible renal damage.

The following table gives details in regard to the 172 cases of toxæmia of pregnancy :—

DETAILS IN REGARD TO THE 172 CASES OF

Condition	Total No. of Mothers	Parity	Weeks of gestation				Ages of the mothers at the time of delivery						Weight of infant at birth	
			30-33	34-36	37-39	40	Under 20	20-24	25-29	30-34	35-39	40+	5 lbs. 8 ozs. and under	Over 5 lbs. 8 ozs.
Eclampsia (1 case)	1	1	—	1	—	—	1	—	—	—	—	—	1	—
Pre-Eclampsia (Total 147 cases)	99	1	4	6	8	81	17	42	24	12	4	—	18	82*
	22	2	2	2	4	14	1	6	8	5	2	—	10†	15*
	12	3	—	—	1	11	—	—	2	3	6	1	1	12*
	7	4	2	1	—	4	—	1	1	1	4	—	4*	4
	7	5+	1	—	1	5	—	—	1	1	1	4	2	5
Hypertension (Total 24 cases)	10	1	—	—	1	9	1	5	3	1	—	—	1	9
	7	2	—	—	1	6	—	—	4	1	2	—	1	6
	2	3	—	1	—	1	—	1	—	—	—	1	1	1
	5	4+	—	—	1	4	—	—	—	2	2	1	1	4

* 1 set of twins

† 2 sets of twins

HAEMIA OF PREGNANCY IN 1956 SURVEY

Still born	Condition of infant at 14 days		Other conditions associated with perinatal death	Inpatient Hospital ante-natal care				Place of confinement		Social Grade					Illeg. pregnancy	Mother working during part of pregnancy	
	Well	Died		1-7 days	8-15 days	16-23 days	24-30 days	Hosp.	Home	1	2	3	4	5		Yes	No
1	—	—	Prematurity	1	—	—	—	1	—	—	—	—	1	—	—	—	1
5	95	—	1. Prematurity 2. Prematurity 3. Prematurity 4. Prematurity 5. Prematurity	44	36	14	5	99	—	—	4	65	12	11	7	73	26
2	22	1	1. Prematurity 2. Prematurity 3. Prematurity	7	9	3	3	22	—	—	16	3	3	—	—	6	16
—	13	—		6	4	1	1	12	—	—	1	7	—	4	—	1	11
2	3	3	1. Prematurity 2. Prematurity 3. Prematurity 4. Full term intra-cranial haemorrhage 5. Prematurity	5	1	—	—	6	1	—	5	—	1	1	1	1	6
—	6	1	Prematurity	2	2	2	—	6	1	—	3	1	2	1	1	2	5
—	10	—		5	4	—	—	9	1	—	8	1	—	1	1	5	5
—	7	—		6	—	1	—	7	—	—	5	2	—	—	—	1	6
1	1	—	Prematurity and Cerebral haemorrhage	2	—	—	—	2	—	—	2	—	—	—	—	1	1
1	3	1	1. Haemolytic disease of the new born 2. Prematurity	1	3	—	1	5	—	—	4	1	—	—	—	1	4

Various theories have been put forward to explain the possible cause, but the actual cause of toxæmia of pregnancy is still unknown. The highest incidence occurs in primigravidae, and usually the condition becomes evident earlier in the pregnancy than in multigravidae.

Many primigravidae, namely 71 per cent. in this series, continued at work, at least during the early months of the pregnancy, either on account of economic grounds or to qualify for the maternity allowance of 18 weeks, *i.e.* 11 weeks before the confinement and for seven weeks afterwards.

The type of work undertaken, whether sedentary or active, does not seem to influence the course of the pregnancy in any way.

Cardio-Vascular System.—In organic disease of the heart in pregnancy, the most common valvular lesion met with is mitral stenosis, but it is important to bear in mind that other valvular lesions may cause trouble. In this Survey, 19 expectant mothers who were found to have valvular disease gave a history of rheumatism, rheumatic fever or chorea. Of these cases, 18 were booked to hospital for delivery and transferred to the hospital ante-natal clinic for specialist supervision and treatment, but one expectant mother insisted on home delivery under the care of her own doctor.

It is well recognised that, in normal pregnancy, circulatory functional disturbances such as dyspnoea, valvular murmurs or extra systoles, etc., may occur, but the chief complaint of these patients is usually shortness of breath. Functional murmurs often become more marked as the pregnancy advances but no special treatment is required and patients pass through the confinement very satisfactorily.

Two expectant mothers were found to have a congenital heart lesion, but this condition in no way interfered with the course of the pregnancy ; delivery took place in hospital.

Mothers with severe varicosity or who have suffered from thrombophlebitis during the pregnancy are strongly advised to have their confinements under hospital supervision.

Respiratory System.—In disease of the lungs in pregnancy the most frequent lesion is tuberculosis. The routine radiological examination of expectant mothers attending the ante-natal clinics is proving of immense value in detecting the early lesion which would not show any symptoms or signs on clinical examination. The 32 mothers with active or quiescent lesions were previously under the care of the Chest Clinic and were referred

back for re-examination and X-ray. The 14 mothers with active pulmonary tuberculosis were admitted during the ante-natal period to hospital for treatment, transferred to the maternity unit for delivery and returned to hospital for observation and rest. The infants received B.C.G. vaccination and were segregated from the mothers until the period of conversion was completed. The mothers with a quiescent lesion were under Chest Clinic supervision and the infants received B.C.G. vaccination, although segregation was not usually necessary.

A mother who developed pneumonia received hospital treatment and made a good recovery.

Four mothers suffering from bronchiectasis were under the care of the Medical Department at the City General Hospital.

Digestive System.—About 80 per cent. of all expectant mothers in the early months of pregnancy suffer from morning sickness, when either a feeling of nausea or actual sickness occurs. The vomiting may not be confined to the early morning, but may occur throughout the day and be at times quite independent of the taking of food. Various theories have been put forward to explain the possible cause ; the modern view is that toxæmia is not the cause of the vomiting but may arise in the course of prolonged or severe vomiting which has produced definite liver and kidney damage. At any rate, constant severe vomiting may lead to deprivation of the glycogen stores in the liver and a vicious circle is set up.

The four mothers who suffered from fairly severe vomiting in the early months of pregnancy responded well to treatment and the pregnancy continued satisfactorily to term.

Haemopoietic System.—The anaemias of pregnancy are due chiefly to a deficiency of haemoglobin. The red blood corpuscles may, or may not, be diminished in number but may be smaller than normal (microcytic) or may be normal in size with insufficient haemoglobin (normocytic). The nutritional deficiency anaemia of pregnancy may arise from deficient absorption of iron and some other mineral substance or to a vitamin deficiency of the vitamin B complex. Vitamin C administered with iron is believed to be beneficial.

A series of blood count examinations and haemoglobin estimations of expectant mothers has been made and these definitely establish that some degree of anaemia is relatively common and that the great majority of these patients respond to iron therapy. A few patients may be refractory to iron by mouth but respond well to intravenous or intramuscular iron therapy.

There is no doubt that anaemia during the reproductive period of a woman's life is due, in the great majority of cases, to a diet insufficient in iron to balance losses of menstruation and confinements.

Any expectant mother with a haemoglobin below 75 per cent. should be considered anaemic and given adequate treatment. The incidence of anaemia justifies the administration of iron during the later months of pregnancy as a routine measure.

The blood count and haemoglobin estimation was carried out only on those expectant mothers who, on clinical examination, were suspected of suffering from anaemia.

The following statement shows the result of the first haemoglobin report on 1,672 patients :—

20—29% inclusive	..	..	..	..	..	..	..	..	1
30—39%	..	..	..	..	..	..	..	..	3
40—49%	..	..	..	..	..	..	..	..	19
50—59%	..	..	..	..	..	..	..	..	138
60—69%	..	..	..	..	..	..	..	..	557
70—79%	..	..	..	..	..	..	..	..	802
80—89%	..	..	..	..	..	..	..	..	141
90—99%	..	..	..	..	..	..	..	..	11
100%	..	..	..	..	..	..	..	..	—
TOTAL									<u>1,672</u>

Urinary System.—A few mothers showed symptoms of pyelitis of pregnancy, chiefly pain in the side and frequency of micturition. These patients were referred to the hospital unit for ante-natal treatment as this was considered most satisfactory. On recovery the pregnancy continued satisfactorily to term. A mother with orthostatic albuminuria had renal function tests carried out at the hospital but no toxæmia of pregnancy developed and she remained satisfactory throughout the pregnancy. Two mothers suffering from pyelonephritis also received investigation and supervision in hospital.

Nervous System.—The eight mothers suffering from epilepsy and petit mal were under constant treatment and the condition in no way interfered with the course of pregnancy. The mother suffering from melancholia was under hospital supervision and had in-patient treatment.

Other Diseases.—The routine Wassermann test is carried out on all expectant mothers and, of the five cases of syphilis, four of the mothers had a primary acquired infection and one had a congenital syphilitic infection which was found on her first pregnancy. All cases were carefully followed up and referred to the hospital venereologist for further treatment, which is offered in each pregnancy in order to ensure the birth of a healthy child.

One expectant mother who was found to be suffering from diabetes mellitus was referred to the specialist unit at the hospital for supervision of this condition.

Conditions Associated with Pregnancy.—Haemorrhage in the early months of pregnancy is usually due to a miscarriage and, if the bleeding is slight and pain practically absent, the pregnancy will, as a rule, settle down with rest in bed and appropriate treatment.

Haemorrhage in late pregnancy after the 28th week is known as ante-partum haemorrhage and may be due to various causes such as placenta praevia (unavoidable haemorrhage) or premature separation of the normally situated placenta (accidental haemorrhage) ; it may occur from no obvious cause, the patient going into labour spontaneously and delivering herself without incident.

Mothers with Rhesus factor negative blood and showing antibody titres present are referred to on page 66.

Nutrition.—On the whole the nutrition of the mothers was quite satisfactory, but six mothers with iron deficiency anaemia definitely showed a defective nutrition. This state was probably due to an unbalanced diet lacking sufficient protein intake.

During attendance at the clinic mothers were prescribed A and D vitamin tablets and orange juice under the Welfare Foods Scheme, also Ferrous Sulphate, calcium sodium lactate, and Vitamin B tablets, in addition to Colact and Ovaltine. The survey reveals the following nutritional state in 3,890 expectant mothers :—

Nutrition very good	..	..	..	..	..	..	..	95
Nutrition good	..	..	..	..	..	..	..	3,256
Nutrition fairly good	..	..	..	..	..	..	..	533
Defective nutrition	..	..	..	..	..	..	..	6
TOTAL								<u>3,890</u>

Home Booked Cases for whom Medical Aid was called under the Domiciliary Midwifery Service.—The following shows the number of cases for whom medical aid was called ante-natally, during labour or puerperium, and in certain cases for the baby during the first 14 days of life. Several mothers and babies were transferred to hospital.

Ante-natal Classification

Pyelitis of pregnancy	..	..	..	..	..	..	..	1
Varicose veins	..	..	..	..	..	..	..	1
Abdominal pains	..	..	..	..	..	..	..	4
Hypertension	..	..	..	..	..	..	..	4
Ante-partum haemorrhage	..	..	..	..	..	..	..	8
Toxaemia of pregnancy	..	..	..	..	..	..	..	3
Threatened miscarriage	..	..	..	..	..	..	..	2
Bronchitis	..	..	..	..	..	..	..	1
Pelvic examination	..	..	..	..	..	..	..	1
TOTAL								<u>25</u>

Six of the above cases were admitted to hospital.

In Labour

Uterine inertia	39
Perineal tear	188
Premature labour	14
Post-partum haemorrhage	18
Retained placenta	14
Foetal distress	8
Prolapsed cord	1
Puerperal pyrexia	1
No foetal heart heard	1
Ante-partum haemorrhage	10
Breech	2
Rupture of membranes	7
Emergency delivery, B.B.A.	7
Premature stillbirth	1
Hypertension	1
Difficult delivery—shoulder	1
Face presentation	2
Gross haematoma right labium	1
Hysteria during labour	2
Narrow outlet	1
Post Maturity	1
Vomiting	1
TOTAL	321

57 of these cases were admitted to hospital and on seven occasions the flying squad was called out.

During Puerperium ..

Mastitis	9
Secondary post-partum haemorrhage	1
Puerperal pyrexia	12
Pain in chest	2
Thrombophlebitis	16
Backache	1
Subinvolution	1
Headache	2
Engorgement of breast	2
Cracked nipples	2
Suppression of lactation	2
Puerperal depression	1
Offensive lochia	2
TOTAL	53

Five of these cases were admitted to hospital.

For attention to Baby on account of:—

" Sticky eyes "	..	..	..	..	..	..	..	..	53
Prematurity	..	..	..	..	..	..	..	..	9
Cyanosis	..	..	..	..	..	..	..	..	5
Jaundice	..	..	..	..	..	..	..	..	5
Septic spots	..	..	..	..	..	..	..	..	4
Congenital deformities	..	..	..	..	..	..	..	..	9
Snuffles	..	..	..	..	..	..	..	..	2
Not taking feeds well	..	..	..	..	..	..	..	..	3
Coryza	..	..	..	..	..	..	..	..	4
Asphyxia	..	..	..	..	..	..	..	..	2
Minor lesions	..	..	..	..	..	..	..	..	10
Haematemesis	..	..	..	..	..	..	..	..	2
Dead in cot	..	..	..	..	..	..	..	..	1
TOTAL									109

Six of these babies were admitted to hospital.

Chest Examination.—All expectant mothers attending the ante-natal clinic are requested to attend the Mass Radiography Centre for routine examination. Where there is information that the mother is a contact of a tuberculous person or where the expectant mother has a chest lesion, she is advised to attend the Chest Clinic. There is always a certain proportion of mothers who fail to attend as requested but they are gradually becoming aware of the necessity for this service and it is hoped that full co-operation will be obtained in time.

Out of the 3,890 cases dealt with, 2,690 attended the Mass Radiography Centre, 398 were X-rayed at the Chest Clinic and one at the City General Hospital. On the Mass Radiography report it was found necessary to refer 41 expectant mothers to the Chest Clinic for a further examination and opinion of the Senior Chest Physician.

Blood Grouping and Rhesus Factor.—Everyone belongs to one of the four blood groups, namely : A, B, O or AB, and this is due to the presence of certain substances in the red blood cells. In addition, there is another substance, known as the Rhesus Factor, which is found in the red blood cells of approximately 85 of every 100 persons of each blood group. Such people are said to be Rhesus positive, while the remaining 15 persons are described as Rhesus negative.

The existence of the Rhesus factor in the blood was first discovered in 1941. These factors are inherited from parents in a similar manner to the inheritance of the colour of the eyes and hair.

When a mother requires blood transfusion, it is essential that compatible blood be given—which means that the blood donor must be of the same blood group and Rhesus type as the mother.

The Rhesus factor is of importance in midwifery. If the mother and father are both Rhesus negative, any child born can only be Rhesus negative and no difficulty arises. If the mother is Rhesus positive and the father is Rhesus negative, then the child suffers no ill effect ; but, if the mother is Rhesus negative and the father Rhesus positive, the child may be Rhesus positive, and difficulty may occur. The effect in this case is that incompatible substances may be manufactured by the mother, because of the action of the Rhesus positive factor in the blood of the foetus, and these incompatible substances may then pass from the mother to the child and destroy the child's blood corpuscles—giving rise to a very severe type of anaemia and dropsy in the baby.

A similar type of difficulty may arise if a Rhesus negative mother is transfused with Rhesus positive blood. The resulting antibodies may affect a child of a subsequent pregnancy.

During the year 1956 there were 4,242 specimens of blood sent from the ante-natal clinics to the National Blood Transfusion Laboratory for the ascertainment of the Rhesus factor. These samples were mostly from expectant mothers, but in a few special cases a sample was sent from the husband.

In multigravidae with a negative Rhesus factor, a further sample is required by the Blood Transfusion Laboratory at about the 34th week of pregnancy and, in a number of these cases, another sample is required from mother and baby on delivery. The district midwives have received instructions in the collection of these samples during attendance at confinement.

In special cases a further sample from the mother is requested during the first post-natal month and a report on the clinical condition of the baby is also sent to the Blood Transfusion Service.

All expectant mothers are supplied with cards showing their blood grouping and Rhesus factor so that, on admission to hospital at any time, they can supply the hospital with information which would be of value in case of need for blood transfusion.

Of the 3,890 cases dealt with in the Ante-natal Survey, 3,213 Rhesus results were positive and 677 were negative.

There were 30 expectant mothers who had Rhesus Immune Antibodies, chiefly anti-D, present in the blood. 28 of these mothers had full time confinements and two had premature confinements.

28 babies were born alive and two were stillborn, one stillbirth being a mongol with a congenital heart lesion and the other a full time macerated foetus due to the Rhesus incompatibility. 18 of the liveborn babies had a positive Coombs test and, as 11 of these babies had a low haemoglobin estimation and varying degrees of jaundice, an exchange blood transfusion was performed a few hours after birth. Seven babies were only mildly affected and did not require an exchange blood transfusion immediately after birth, but attended the hospital follow-up clinic for repeated blood haemoglobin estimations so that should anaemia occur a simple blood transfusion could be given.

One baby who had a severe degree of a congenital heart lesion and died when three days old did not have blood samples taken for a Coombs test.

One baby, aged three days, died following a repeat exchange blood transfusion.

Nine babies had a negative Coombs test and were Rhesus negative and therefore were unaffected by the Rhesus antibodies present in the mothers' blood.

26 babies, including ten babies who had received an exchange blood transfusion, were discharged from hospital fit and well.

Confinement Results.—The following table shows the nature of the results of the 3,890 confinements reported in the Survey :—

Confinement normal, full time	3,436
Confinement normal, premature	222
Forceps delivery, full time	138
Forceps delivery, premature	4
Breech delivery, full time	42
Breech delivery, premature	13
Caesarean Section, full time	26
Caesarean Section, premature	8
Ceasarean—hysterectomy full time	1
TOTAL	<u>3,890</u>

The 3,890 confinements resulted in 3,853 live births and 81 still births ; being 2,045 males and 1,889 females. There were 44 sets of twins.

Birth Weights.—The following table shows details as to birth weight of the 3,934 babies born to the 3,890 mothers :—

<i>Birth Weight</i>	<i>No.</i>
2 lb. and under	20
Over 2 lb. to 2 lb. 8 oz. inclusive	11
Over 2 lb. 8 oz. to 3 lb. inclusive	16
Over 3 lb. to 3 lb. 8 oz. inclusive	20
Over 3 lb. 8 oz. to 4 lb. inclusive	24
Over 4 lb. to 4 lb. 8 oz. inclusive	40
Over 4 lb. 8 oz. to 5 lb. inclusive	68
Over 5 lb. to 5 lb. 8 oz. inclusive	108
Over 5 lb. 8 oz. to 6 lb. inclusive	272
Over 6 lb. to 6 lb. 8 oz. inclusive	441
Over 6 lb. 8 oz. to 7 lb. inclusive	636
Over 7 lb. to 7 lb. 8 oz. inclusive	736
Over 7 lb. 8 oz. to 8 lb. inclusive	665
Over 8 lb. to 8 lb. 8 oz. inclusive	424
Over 8 lb. 8 oz. to 9 lb. inclusive	247
Over 9 lb. to 9 lb. 8 oz. inclusive	120
Over 9 lb. 8 oz. to 10 lb. inclusive	63
Over 10 lb.	21
Weight not known	2
TOTAL	3,934

875 of these babies were over 8 lb. in weight at birth, and details as to parity and weight are as follows :—

<i>Parity</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	<i>Total</i>
Over 8 lb. to 8 lb. 8 oz. ..	167	113	73	31	20	10	7	1	—	—	—	1	1	—	424
Over 8 lb. 8 oz. to 9 lb. ..	88	59	34	27	16	16	4	3	—	—	—	—	—	—	247
Over 9 lb. to 9 lb. 8 oz. ..	36	35	23	10	6	3	5	—	—	—	1	1	—	—	120
Over 9 lb. 8 oz. to 10 lb. ..	11	22	14	5	5	2	3	—	—	—	—	—	—	1	63
Over 10 lb. to 10 lb. 8 oz. ..	2	3	5	3	—	—	—	1	—	—	—	—	—	—	14
Over 10 lb. 8 oz.	—	2	2	—	3	—	—	—	—	—	—	—	—	—	7
TOTALS	304	234	151	76	50	31	19	5	—	—	1	2	1	1	875

The Significance of the Large baby at Birth.

(a). *Health of Mother.*—It has been stated that large babies are particularly liable to be born to mothers destined to develop diabetes mellitus later in life. An attempt was made to investigate as many as possible of the mothers who had in 1955 given birth to large infants weighing 9 lbs. 6 ozs. and over.

The mothers were invited to attend the Group Pathology Laboratory at the City General Hospital, so that a glucose tolerance test might be carried out. Thirty five mothers attended as requested, and blood samples were taken every half hour for two hours. The glucose tolerance tests showed :—

Normal curve	..	..	..	..	..	..	..	31 cases
'Lag' curve	..	..	..	..	..	..	..	1 case
Mild diabetic curve	..	..	..	..	..	..	..	2 cases
Diabetic curve	..	..	..	..	..	..	..	1 case
TOTAL								35 cases

The mother with the typical diabetic curve had been delivered of a 12 lb. baby and appeared to have developed diabetes subsequent to the pregnancy. The other mothers with abnormal curves were all asymptomatic although one showed marked obesity. All had been delivered of babies over 10 lbs. in 1955 and all four mothers gave a previous history of one or more large babies. Of the 24 mothers with a normal curve who had a previous child, only eight gave this "overweight" history.

The only criteria used to select these mothers was the fact that they had given birth to a baby weighing 9 lbs. 6 ozs. or more, and that there was no evidence of diabetes mellitus at the time of delivery. It is possible that the tendency to produce a large baby is associated with hereditary factors, which also may result in the development of diabetes mellitus in later life and may be passed on by the father as well as the mother. In this survey one father suffered from diabetes mellitus and the baby weighed 11 lbs. at birth ; unfortunately, the mother declined to attend for investigation.

(b). *Growth of Child.*—A small-scale investigation of overweight babies (mostly between 8 and 10 lbs. at birth) showed that these babies were heavier and taller at the age of twelve months than those who were of average weight (6 lbs. to 7 lbs. 15 ozs.) at birth. There was, however, considerable variation as regards individual children, e.g., two boys who weighed 8 lbs. 8 ozs. and 8 lbs. 12 ozs. at birth were 19 lbs. 11 ozs. and 27 lbs. 3 ozs. respectively by their first birthday. At the age of four years the average weight of the two groups was as follows :—

	<i>Boys</i>				<i>Girls</i>			
Average	36 lbs. 7 ozs.	35 lbs. 9 ozs.		
Overweight	38 lbs. 9 ozs.	38 lbs. 14 ozs.		

From the histories of those examined it did not appear that there was any significant difference in the health records.

Stillbirths.—The investigation into the 81 still births shows the following causes :—

Maternal lesion associated with foetal anoxia in the following cases :—

Eclampsia (premature)	1
Pre-eclampsia (8 premature)	9
Hypertension (2 premature)	2
Accidental haemorrhage (4 premature)	6
Placenta praevia (2 premature)	2
Ante-partum haemorrhage (4 premature)	5
Infective hepatitis	1
	<hr/> 26

Stillbirths associated with foetal deformity :—

Anencephaly (all premature)	7
Hydrocephaly (1 premature)	2
Grossly deformed (premature)	1
	<hr/> 10

Rhesus incompatibility associated with stillbirths :—

Full time macerated foetus	1
Full time mongol with congenital heart lesion	1
	<hr/> 2

No obvious associated lesion present except unhealthy placentae showing areas of degeneration or infarctions and the cause of death was given as placental insufficiency in the following cases :—

Premature stillbirths	22
(In 11 cases the foetus was macerated showing that intra-uterine death had taken place several days before delivery)	
Full time stillbirths	12
(In five cases the foetus was macerated)	
	<hr/> 34

Various conditions resulting in anoxia and the infant being stillborn :—

Prolapsed cord	2
Cord twisted several times round neck	2
Difficult delivery of shoulders in 11 lbs. baby	1
Cerebral oedema and shock	2
Prolonged labour	2
	<hr/> 9

TOTAL

81

Neonatal Deaths.—Of the 3,853 live born children there were 51, or 13·2 per 1,000 live births, who died under four weeks of age, and the causes of these deaths were as follows :—

17 full time infants, with one exception, all died during the first week of life from the following causes :—

Cerebral oedema and anoxia	4
Intracranial haemorrhage	3
Congenital heart lesion	2
Broncho pneumonia	2
Atelecstasis	1
Intestinal obstruction and multiple deformities	1
Haemolytic disease of the newborn	1
Rupture of the liver	1
Bilateral haemorrhage of the supra renal glands	1
Atelecstasis and ilco-colitis (aged 11 days)	1

Prematurity without associated foetal or maternal lesion, therefore
cause not evident 13

Prematurity with associated maternal lesion :—

Pre-eclampsia 5
Chronic pyelonephritis 1
Ante-partum haemorrhage 2

Prematurity associated with a lesion in the infant :—

Cerebral haemorrhage 3
Pulmonary atelectasis 4
Congenital deformities.. .. . 2
Broncho pneumonia and cleft palate 1
Hyaline membrane disease 1
Acute suppurative parotitis and status epilepticus 1
Encephalocoele 1

TOTAL 51

Perinatal Mortality.—The term perinatal mortality is now being used when referring to stillbirths and neonatal deaths occurring in the first week of life.

The outstanding problem of perinatal death is the premature birth of obscure origin or associated with foetal deformities or toxæmia of pregnancy. The perinatal rate is relatively high in the first pregnancy and then shows a steady fall, which suggests that it is wise to consider the first pregnancy as justifying delivery in hospital.

The perinatal mortality by age and parity of the mother was as follows :—

Parity	Under 20 years	20-24 years	25-29 years	30-34 years	35-39 years	40+ years	Total
1	6	23	12	9	3	—	53
2	2	9	11	4	1	—	27
3	—	3	2	4	3	—	12
4	—	1	5	6	3	2	17
5+	—	—	4	4	6	3	17

Infant Feeding.—At the 14th day, 3,257 children were breast fed entirely, 332 had combined breast and artificial feeding and 213 were entirely on artificial feeds.

History of Pregnancy, Housing, etc.—On the first attendance of expectant mothers at the ante-natal clinic, information is obtained regarding previous pregnancies, together with details of infant deaths,

stillbirths and miscarriages. This information is set out in the table which follows by parity. It will be noted that the total deaths of children under 12 months old is 94 out of 2,103 live births or approximately 4·5 per cent. in the case of mothers who had hospital confinement in the present pregnancy, as against 47 out of 2,218 live births or approximately 2·1 per cent. in respect of the mothers who were booked for home delivery.

In view of the housing accommodation problem, information is obtained as to whether the expectant mother is living in a house or rooms and whether she prefers home or hospital confinement. On the initial attendance at the clinic of the 3,890 expectant mothers in the report, it was ascertained that 2,945 preferred hospital confinement and 945 requested arrangements to be made for home delivery. The house or rooms of all mothers who wish hospital confinement and are obstetrically normal are visited and a report is received giving particulars of the home conditions. Where it is found that the home is unsuitable for confinement a hospital bed is allocated, but where the home is satisfactory the mother is booked for the domiciliary midwifery service. A number of mothers request home confinement and, where they are medically and obstetrically normal, arrangements are made under the domiciliary midwifery service without a visit being paid to the home, the midwife being requested to report should she find anything unsatisfactory in her routine visits ; such cases are then dealt with according to need. All medical and obstetrically abnormal cases are booked to hospital immediately.

The figures in the following table show that 1,413 or 59 per cent. of the total mothers recorded in the survey who were delivered in hospital lived in rooms, as against 565 or 37 per cent. of those occupying rooms and delivered at home. It will be noted that the majority of mothers living in rooms were gravida 1 or gravida 2 and many were living with relatives.

HOSPITAL BOOKED CASES

Parity	No. of expectant mothers	Result of previous pregnancies				No. of babies who died in previous pregnancies at—					Housing Accommodation			Result of present pregnancy	
		No. of pregnancies	Live birth	Still-birth	Mis-carriage	Under one day	One day and under one week	One week and under one month	1—6 months	6—12 months	House	Rooms	Caravan	Live birth	Still-birth
2	433	433	356	15	66	9	2	2	5	1	179	253	1	429	11
3	220	440	373	15	56	4	2	1	2	2	106	114	—	220	5
4	142	426	355	9	63	6	1	1	2	—	89	53	—	136	9
5	87	348	293	12	46	5	3	4	3	2	57	30	—	86	3
6	46	230	201	4	25	3	2	—	6	2	31	15	—	47	—
7	33	198	180	6	12	2	3	1	—	1	24	9	—	32	1
8	25	175	154	4	18	1	—	1	7	4	20	5	—	24	1
9	7	56	51	1	4	—	—	—	3	—	5	2	—	7	—
10	1	9	6	—	3	—	—	—	—	—	1	—	—	1	—
11	3	30	29	1	—	—	—	—	—	—	3	—	—	3	—
12	4	44	42	1	1	—	—	—	—	1	4	—	—	4	—
13	2	24	23	—	1	—	—	—	—	—	2	—	—	2	—
14	2	26	24	—	2	—	—	—	—	—	2	—	—	2	—
19	1	18	16	—	2	—	—	—	—	—	1	—	—	1	—
Primigravida ..	1,006	2,457	2,103*	68	299	30	13	10	28	13	524	481	1	994	30
Total cases ..	1,373										441	932	—	1,354	37
	2,379										965	1,413	1	2,348*	67

* Including 13 sets of twins.

* Including 36 sets of twins.

HOME BOOKED CASES

Parity	No. of expectant mothers	Result of previous pregnancies				No. of babies who died in previous pregnancies at—					Housing Accommodation			Result of present pregnancy	
		No. of pregnancies	Live birth	Still-birth	Mis-carriage	Under one day	One day and under one week	One week and under one month	1—6 months	6—12 months	House	Rooms	Caravan	Live birth	Still-birth
2	617	617	611	2	6	1	—	—	—	—	348	269	—	616	4
3	313	626	555	10	63	3	1	1	2	—	224	89	—	310	3
4	139	417	378	5	35	1	1	—	5	—	124	15	—	140	1
5	83	332	293	4	38	1	1	3	6	2	71	12	—	81	3
6	55	275	237	9	29	1	2	2	5	3	51	4	—	55	—
7	17	102	94	—	8	—	—	—	—	1	17	—	—	17	—
8	3	21	22	—	—	—	—	—	—	—	3	—	—	3	—
9	1	8	8	—	—	—	—	—	—	—	—	1	—	1	—
10	1	9	9	—	—	—	—	—	—	—	—	—	—	1	—
12	1	11	11	—	—	2	—	1	2	—	1	—	—	1	—
Primigravida ..	1,230	2,418	2,218*	30	179	9	5	7	20	6	840	390	—	1,225	11
Total cases ..	281										106	175	—	280	3
	1,511										946	565	—	1,505*	14

* Including 9 sets of twins.

* Including 8 sets of twins.

Social Grades.—The mothers delivered in this series were graded according to the husband's occupation and the results are as shown. As is normally expected, the highest percentage belongs to the social grade 3 or skilled artisan class, and the semi-skilled and labouring classes are fairly similar in numbers. We had 148 mothers who were separated, divorced or single and therefore were not graded.

<i>Social Class</i>	<i>Number in Social Class</i>	<i>Percentage in Social Class</i>
1	5	0·13
2	138	3·55
3	2,498	64·22
4	422	10·85
5	679	17·45
Not stated	148	3·80
TOTAL	3,890	100·00

Laboratory Tests carried out during the year 1956.—It is part of the routine work in the ante-natal clinics to take samples for various tests.

Wassermann tests are carried out at the Public Health Laboratory, and during the year 4,561 specimens were examined. In addition, 14 Kahn tests were carried out. When an expectant mother is found to have a positive Wassermann and Kahn re-action, she is referred to the Special Clinic at the City General Hospital under the care of Dr. Morrison, the Venereologist, for confirmation and treatment.

The Public Health Laboratory carried out further miscellaneous tests as required in connection with clinic work relating to the care of the mother and child, namely : examination of 105 swabs and samples (ear, nose, throat, etc.) and 7 smears (cervix and urethra). 399 specimens of urine were also examined for organisms.

The Group Pathology Laboratory at the City General Hospital carried out 64 Hogben tests for the ascertainment of pregnancy, and 3,469 tests for blood count and haemoglobin estimation were requested during the year.

The Laboratory at the Firth Auxiliary Hospital, Norton, carried out 33 Zondek Ascheim tests for the ascertainment of pregnancy.

Maternity Patients and Hospital treatment.—In addition to patients sent to the City General and Nether Edge Maternity Hospitals for ante-natal treatment when necessary, and for confinement, 323 patients were referred from the Maternity and Child Welfare Centre to the City General or Nether Edge Hospitals for X-ray examination. There were also 433 patients who were sent from the Centres for dental treatment to the School Dental Clinic under arrangements between the Health and Education Committees (see page 105). 114 expectant and nursing mothers were referred to their private medical practitioners for treatment. There were 455 expectant mothers attending centres who had been examined and X-rayed at the Chest Clinic.

MASS RADIOGRAPHY

A scheme for chest X-ray at the Mass Radiography Centre came into operation at the beginning of January, 1954, whereby expectant mothers attending the Maternity and Child Welfare Centre ante-natal clinics are given an appointment letter for chest X-ray. It is the aim of the clinic to make Mass Radiography a part of the initial ante-natal examination of expectant mothers. Where the report shows defects, the expectant mother is referred to the Chest Clinic or Hospital for full investigation where necessary, and arrangements are made for hospital confinement.

During the year, 3,951 expectant mothers were offered Mass Radiography and of these, 814 failed to attend for various reasons ; of the remainder, in 3,064 cases the lung fields were clear, but in 73 cases conditions were found as shown in the statement below :—

Irregular cavity formation suggestive of active tuberculosis	2
(These mothers were referred to Chest Clinic for confirmation of diagnosis, then admitted to hospital for treatment during the ante-natal period, and after delivery returned to hospital for a further rest period. The infants were given B.C.G. vaccination and sent to foster parents until the period of conversion was completed).	
Lung appearances suggestive of a tuberculous lesion? activity	10
(These mothers were also referred to the Chest Clinic for further examination. Two were found to have quiescent tubercular lung lesions and eight were found to have healed lesions).	
Evidence of calcification in various areas of the lungs, otherwise the lung fields clear	17
(These cases were considered healed primary lesions, and only three cases were referred to the Chest Clinic for further opinion).	
Increased striation at both bases suggesting bronchitis but no evidence of pulmonary tuberculosis	6
Increased striation at the bases—Bronchiectasis	2
Linear striation at right hilum suggesting old post-pneumonic changes ..	1
Flattening of left diaphragm consistent with old pleural thickening following pleurisy	3
Heart shadow a little enlarged or displaced or prominent pulmonary conus, but lung fields clear	23
(These cases were carefully examined and the heart was found to be normal in 19 cases, but four cases had a well marked mitral stenosis present).	
Scoliosis but lung fields clear	7
Kypho-scoliosis and chest deformity but lung fields clear	1
Congenital deformity of left upper ribs and scapula but lung fields clear ..	1
TOTAL	<u>73</u>

The General Practitioner is, by arrangement, given the X-ray result of all his cases.

The expectant mothers with tubercular lung lesions, either active or quiescent, were referred to the Chest Clinic for further X-ray investigation and treatment as required and for arrangements to be made for B.C.G. vaccination of the child. Those mothers found to have heart disease were booked to hospital for confinement and referred to the hospital ante-natal clinic to have specialist treatment for the lesion and admission to hospital for rest where necessary. All mothers whose reports showed "heart shadow enlarged" were re-examined and, where it was considered advisable, they were referred to the hospital heart specialist for full investigation.

POST-NATAL CLINICS

During the year every effort has been made to encourage mothers to attend the post-natal clinics. Patients leaving Nether Edge Hospital after confinement are given information as to the days and times of the clinics held at the Maternity and Child Welfare Centres, and advised regarding the value of post-natal examination six weeks after the confinement. The midwives also invite their patients to attend one of these clinics for examination. The attendances in 1956 were 2,018, as against 1,944 for 1955. Certain patients delivered in the City General Hospital receive their post-natal supervision at the Hospital; others are referred to the Maternity and Child Welfare Centres. Medical practitioners who accept patients for maternity medical services are required to carry out a post-natal examination about the sixth week after confinement.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1956 :—

Attendances at Post-natal Clinics

<i>Centre</i>					<i>Total New Cases</i>	<i>Total Attendances of all Cases</i>	<i>No. of Sessions</i>
Orchard Place	..	..	..	..	942	1,344	144
Firth Park	..	..	..	..	126	172	92
Manor	..	..	..	..	233	352	157
Darnall	..	..	..	..	77	105	39
Woodhouse	..	..	..	..	28	45	25
TOTALS	..	..	..	..	<u>1,406</u>	<u>2,018</u>	<u>457</u>

BIRTH CONTROL CLINICS

These are held at two of the main centres and advice is given to the mothers according to the regulations of the Ministry where a future pregnancy would be detrimental to the health of the mother. This statement is widely interpreted and, for various conditions, in order to allow the mother to recover her health, she is instructed how to space her family. In a few conditions, such as heart disease, pulmonary tuberculosis, diabetes or Rhesus incompatibility, parents are advised against future pregnancies. Appliances are available at the clinic.

226 new cases attended at the Birth Control Clinics during the year and 678 attendances were made.

INFANT WELFARE CLINICS

At the present time, there are 19 Maternity and Child Welfare Centres operating in the city. The three main centres are :—The Central Clinic, Orchard Place ; the Firth Park Centre, North Quadrant ; and the Manor Centre, Ridgeway Road. The remaining 16 Centres are improvised premises, six of which are in Church buildings, one is accommodated in a City Library at Hillsborough, one shares premises with a Nursing Association and one with a Youth Centre, one is accommodated in a Public Hall, one clinic is held in a T.O.C. Centre, three are in premises adapted and used for clinic purposes, and the remaining two are premises which have been adapted for general welfare services.

The days and times of opening are as follows :—

<i>Centre</i>	<i>Clinic Days and Times</i>	<i>Services provided</i>
Orchard Place	Daily 9 a.m. and 1.30 p.m. (except Saturday afternoon)	Infant and Orthopaedic Consultations. Medical Inspection of pre-school children. Minor Ailments clinics. Sunray and Massage clinics. Diphtheria, Whooping Cough and Tetanus Immunisation, and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics.
Firth Park	Do.	Infant and Orthopaedic Consultations. Medical Inspection of pre-school children. Minor Ailments clinics. Sunray and massage clinics. Diphtheria, Whooping Cough and Tetanus Immunisation, and Vaccination sessions. Ante-natal and post-natal clinics.
Manor	Do.	Infant and Orthopaedic Consultations. Medical Inspection of pre-school children. Minor Ailments clinics. Sunray and massage clinics. Diphtheria, Whooping Cough and Tetanus Immunisation, and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics.

<i>Centre</i>	<i>Clinic Days and Times</i>	<i>Services provided</i>	
Woodhouse	Tuesday } Thursday } 2 p.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria, Whooping Cough and Tetanus Immunisation, and Vaccination sessions. Ante-natal and post-natal clinics.	
Darnall	Monday 9.30 a.m. and 2 p.m. Wednesday } Thursday } 2 p.m. Friday 9.30 a.m. and 2 p.m.	Infant Consultations. Medical Inspection of pre-school children Diphtheria, Whooping Cough and Tetanus Immunisation, and Vaccination sessions. Ante-natal and post-natal clinics.	
Hillsborough	Monday 2 p.m. Tuesday } Thursday } 9.30 a.m. and 2 p.m. Friday 2 p.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria, Whooping Cough and Tetanus Immunisation, and Vaccination sessions. Ante-natal clinics.	
Carbrook	Monday } Tuesday } 2 p.m. Wednesday } Friday }	Do.	Do.
Broadfield	Monday } Wednesday } 9.30 a.m. and 2 p.m. Friday } Thursday 2 p.m.	Do.	Do.
Wybourn	Tuesday } Wednesday } 2 p.m.	Do.	Do.
Burngreave	Monday 9.30 a.m. and 2 p.m. Tuesday 2 p.m. Thursday 9.30 a.m. and 2 p.m.	Do.	Do.
Broomhill	Tuesday } Wednesday } 2 p.m. Thursday 9.30 a.m. and 2 p.m.	Do.	Do.
Parson Cross	Wednesday } Thursday } 9.30 a.m. and 2 p.m.	Do.	Do.
Greenhill	Monday 9.30 a.m. and 2 p.m. Thursday 2 p.m.	Do.	Do.
Handsworth	Tuesday } Friday } 2 p.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria, Whooping Cough and Tetanus Immunisation, and Vaccination sessions.	
Chantrey	Wednesday 9.30 a.m. and 2 p.m.	Do.	Do.
Totley	Thursday 2 p.m.	Do.	Do.
Endcliffe	Tuesday 9.30 a.m. and 2 p.m. Friday 2 p.m.	Do.	Do.
Dore	Thursday 9.30 a.m. (alternate weeks)	Do.	Do.
Tinsley	Tuesday 2 p.m.	Do.	Do.

Infant consultations are held whenever the clinics are open, except on Saturday mornings ; diphtheria, whooping cough and tetanus immunisation is also carried out whenever the clinics are open. Vaccination is performed at all the Centres by appointment ; sessions for the other services are held on appropriate days and times.

At the infant clinics, every baby is seen by the doctor on the first attendance. At several of the centres there is a doctor in attendance at the ante-natal session and a health visitor at the infant session, and the health visitor refers to the doctor all babies attending for the first time and any who are not making satisfactory progress. The other children attending the health visitor's session are seen by the doctor periodically The doctor sees the babies three times in the first year and whenever the child is not making satisfactory progress.

Attendances at Infant Clinics.—During the year various sessions have been held at the Infant Welfare Centres, e.g., infant consultations, at which doctors and health visitors were in attendance; sessions for minor ailments, and for ultra violet light therapy to children referred from the infant clinics; and medical inspection clinics for pre-school children, which continue to be popular with the mothers. In addition to child welfare sessions, Dr. E. G. Herzog, Orthopaedic Consultant and Superintendent of King Edward VII Hospital, who is in the service of the Sheffield Regional Hospital Board, holds sessions for orthopaedic consultations and treatment at the three main Centres, namely, Orchard Place, Firth Park and Manor Centres.

The total attendances at the Infant Welfare clinics during 1956 were 80,992, the figure being made up as follows :—

	<i>Attendances</i>						
Infant Consultations	57,722
Minor Ailments	881
Ultra Violet Light Sessions	9,703
Medical Inspection clinics	12,673
Medical Inspection of Nursery Children	13
TOTAL	<u>80,992</u>

In addition attendances were made at the various immunisation and vaccination clinics as follows :—

	<i>New Cases</i>		<i>Total attendances</i>	
Diphtheria Immunisation	55	95
Whooping Cough Immunisation	61	159
Diphtheria/Whooping Cough Combined Immunisation	2,173	6,102
Diphtheria/Whooping Cough/Tetanus Immunisation	1,435	3,226
Vaccination against Small Pox	1,527	3,258
TOTALS	<u>5,251</u>	<u>12,840</u>

Poliomyelitis Vaccination.—On the 14th May, 1956, sessions were commenced at several of the Maternity and Child Welfare Centres for vaccination against poliomyelitis for children under five years of age in groups as selected by the Ministry of Health. The sessions were held at Orchard Place, Firth Park, Manor and Woodhouse Centres. Two injections are given to complete the course and, during the period from the 14th May to 18th December, 23 sessions were held and 773 children received the full course (see page 132).

Infant Consultations.—Particulars follow of the attendances at the Infant Consultations which were held at the various clinics in the year 1956 :—

Attendances at Infant Consultations

Centre	<i>Infant Consultations</i>		<i>Total Attendances</i>	<i>Number of Sessions</i>	<i>Average Attendance per Session</i>
	<i>Under 1 year</i>	<i>1 to 5 years and over</i>			
Orchard Place ..	4,729	687	5,416	344	16
Firth Park	5,980	1,337	7,317	508	14
Manor	7,470	2,015	9,485	514	18
Broadfield	4,156	512	4,668	201	23
Broomhill	2,356	417	2,773	153	18
Burngreave	2,973	238	3,211	151	21
Carbrook	2,440	145	2,585	121	21
Chantrey	1,685	280	1,965	102	19
Darnall	2,093	211	2,304	100	23
Dore	250	10	260	26	10
Endcliffe	2,106	428	2,534	149	17
Greenhill	1,623	241	1,864	95	20
Handsworth	1,698	144	1,842	100	18
Hillsborough	4,088	355	4,443	242	18
Parson Cross	2,596	297	2,893	102	28
Tinsley	720	41	761	49	16
Totley	724	176	900	52	17
Walkley	—	—	—	—	—
Woodhouse	1,298	170	1,468	99	15
Wybourn	959	74	1,033	51	20
TOTALS	49,944	7,778	57,722	3,159	18

New Cases attending Infant Consultations.—5,169 new cases attended during the year 1956 at the Infant Consultations, as follows :—

New Cases Attending Infant Consultations

<i>Centre</i>					<i>Under 1 year</i>	<i>Over 1 year</i>	<i>Totals</i>
Orchard Place					645	29	674
Firth Park					552	10	562
Manor					780	22	802
Broadfield					413	6	419
Broomhill					227	7	234
Burngreave					309	6	315
Carbrook					250	4	254
Chantrey					131	2	133
Darnall					211	4	215
Dore					27	—	27
Endcliffe					199	9	208
Greenhill					176	2	178
Handsworth					140	3	143
Hillsborough					409	4	413
Parson Cross					237	—	237
Tinsley					60	1	61
Totley					64	8	72
Walkley					—	—	—
Woodhouse					118	3	121
Wybourn					100	1	101
TOTALS					<u>5,048</u>	<u>121</u>	<u>5,169</u>

In addition, there were seven children who attended the Medical Inspection Clinics for the first time who had not previously attended the Infant Consultations.

Medical Inspection Clinics.—In the Maternity and Child Welfare Service one of the main aims has been to promote the well-being and health of the mother and child, to prevent ill-health of all types and to help towards the improvement or cure of physical defects found on examination of the young child. The medical inspection of pre-school children is carried out at all Maternity and Child Welfare Centres in the City. Detailed records of all medical examinations are collected and classified according to the clinics in the various districts of the City, and in age groups, as shown in the tables on the following pages. This periodic medical examination is carried out in six age groups, namely at one year, 18 months, two, three, four and four-and-a-half years, so that the children may receive six examinations before entering school.

The children are given an appointment at each birthday and in addition at 18 months and 4½ years. It is found of value to examine the children more frequently in the infant years so that, where any defect is

found, the child can be referred to the family doctor for full investigation and treatment as early as possible. Many mothers appreciate the medical inspection service and, in 1956, 12,673 examinations were carried out. At present the service is confined to those children who have at some time attended one of the child welfare centres. It gives the mother assurance to be able to discuss with the clinic medical officer her problems, such as questions of behaviour, feeding difficulties, temper tantrums or jealousies which are troublesome to her, and about which she hesitates to consult the family doctor unless the child is really ill. There is no doubt that personal individual teaching is the most valuable method of imparting mothercraft advice.

The majority of the children were in good health and 8,699 children had no defect. The remaining 3,974 children showed one or more defects. In many cases the defect was trivial but worth noting, and the mother was advised how best to deal with the problem. The child suffering from a more serious defect was referred to the family doctor for treatment. The children from all the child welfare centres, and in all age groups, were found to be very clean and infestation was practically nil. It was extremely rare to find a child attending the clinic with unsatisfactory clothing or footwear.

Nutrition.—As a result of the assessment, nutrition was classified as very good, good, fair and poor. This classification was judged on clinical findings, and height and weight measurements. Since growth involves many factors, care must be taken in assessing the child's nutrition. Although the three-scale classification of good, fair and poor was recognised there were a number of children with nutrition well above the average of good, and only 31 children showed defective nutrition as compared with 71 in 1955. This result was satisfactory, as the number of cases of active rickets has almost disappeared in the last few years. There were three such cases as compared with eight cases in 1955.

Dental Caries.—On the whole the dental decay found in the pre-school child at the periodic examination has remained fairly constant during the last two or three years. In the 7,233 medical inspections carried out on children at two years to 4½ years, it was found that 1,544 had carious teeth, which is 21 per cent. of the children in this range of ages. 31 children under two years of age had some carious teeth. During the war years, inspection of children at the day nurseries showed a great improvement in dental caries and it was thought that the adequate and well balanced diet, with additional supplements of Cod Liver Oil and Orange Juice supplied at the Nurseries, contributed to this improvement. However, on the whole, there is now a definite increase in dental caries, and it is believed that this is largely due to the greatly increased consumption of sweets.

Skin Conditions were mild, mostly eczema and dermatitis, and these lesions tend to disappear as the infant grows older, so that by school age very few children suffer from eczema. There were 103 cases of naevus, which is lower than in the previous year.

Throat conditions.—In many cases tonsils and adenoids showed quite a marked enlargement from $2\frac{1}{2}$ years of age and this condition was often accompanied by enlarged cervical glands. On examination it was found that 111 children had obstructing tonsils and adenoids compared with 108 children in the previous year. These children were referred to the family doctor for his opinion as to the advisability of tonsillectomy. 25 children had tonsillectomy or adenoidectomy performed ; this is slightly lower than the 1955 figure of 31.

Ear conditions were slightly lower in 1956, being 65 as compared with 68 in 1955. The condition found was mainly due to otorrhoea and otitis media. Two children were found to be completely deaf.

Eye Conditions.—Strabismus formed the bulk of the eye lesions found, and there was a marked increase in the number of cases in 1956, being 109 as compared with 71 in 1955. Four children were blind in one eye and two were totally blind, one case being due to retrolental fibroplasia and the other to bilateral cataracts.

Conditions of the Circulatory System showed a marked decrease on the 1955 figures. This was due to the number of functional heart murmurs noted. These are of no significance and usually disappear before the child reaches adolescence. There was no case of rheumatic heart disease, but seven congenital heart lesions were found.

Lung conditions in the children examined showed an increase in 1956 over the previous year as more children were found to be suffering from bronchitis and asthma.

Developmental conditions found which were of importance, were talipes equino varus, webbed digits, cleft palate and congenital dislocation of the hip, and all children suffering from these lesions were under specialist care.

The total attendances at the medical inspection clinics during 1956 were as follows :—

Centre	Total attendances			No. of sessions	* Average attendance per session
	Boys	Girls	Total		
1. Orchard Place	744	756	1,500	236	6
2. Firth Park	674	661	1,335	184	7
3. Manor	987	928	1,915	228	8
4. Broadfield	464	448	912	185	5
5. Broomhill	366	378	744	108	7
6. Burngreave	379	354	733	139	5
7. Carbrook	243	205	448	100	4
8. Chantrey	206	215	421	99	4
9. Darnall	310	269	579	139	4
10. Dore	47	42	89	12	7
11. Endcliffe	356	317	673	144	5
12. Greenhill	254	240	494	70	7
13. Handsworth	194	210	404	50	8
14. Hillsborough	580	559	1,139	159	7
15. Tinsley	98	88	186	47	4
16. Totley	111	105	216	49	4
17. Walkley	—	—	—	—	—
18. Woodhouse	127	107	234	53	4
19. Parson Cross	203	241	444	100	4
20. Wybourn	122	85	207	47	4
TOTALS	6,465	6,208	12,673	2,149	6

* These clinics are combined with Infant Consultations.

Vaccination and Immunisation.—The following statement shows the number of children examined at the medical inspection clinics who had been vaccinated against Smallpox or immunised against Diphtheria and/or Whooping Cough :—

Age Group	Number of Medical examinations	Vaccination		Diphtheria Immunisation		Diphtheria/Whooping Cough Immunisation		Whooping Cough Immunisation	
		Number of children vaccinated	Percentage of children vaccinated	Number of children immunised	Percentage of children immunised	Number of children immunised	Percentage of children immunised	Number of children immunised	Percentage of children immunised
1. 12—17 months ..	3,011	1,462	48·5	41	1·4	1,722	57·2	3	0·1
2. 18—23 months ..	2,429	1,274	52·4	44	1·8	1,996	82·2	3	0·1
3. 24—32 months ..	2,319	1,232	53·1	85	3·6	1,984	85·5	14	0·6
4. 33—41 months ..	1,926	943	49·0	552	28·7	1,211	62·9	73	3·8
5. 42—50 months ..	1,654	764	46·2	1,085	65·6	484	29·3	73	4·4
6. 51—60 months ..	1,334	558	41·8	1,007	75·5	284	21·3	49	3·7
Total examinations	12,673								

The percentage is given in each individual group, and shows an increase up to the age of five years until in the last group almost 97 per cent. of those examined were immunised against Diphtheria. This does not mean that the whole child population has been immunised to this extent.

In addition a small number of children had received vaccination against poliomyelitis. By arrangement with the Chest Clinic and the hospitals, B.C.G. vaccination was given to a certain number of children who were contacts of cases of tuberculosis. The following table shows the numbers in the age groups.

<i>Age Group</i>	<i>Number of Medical Examinations</i>	<i>Number of Children Vaccinated Against Polio-myelitis</i>	<i>Number of Children who received B.C.G. Vaccination</i>
1. 12-17 months.. ..	3,011	—	229
2. 18-23 months.. ..	2,429	4	198
3. 24-32 months.. ..	2,319	21	151
4. 33-41 months.. ..	1,926	33	82
5. 42-50 months.. ..	1,654	33	75
6. 51-60 months.. ..	1,334	27	59

Breast Feeding.—During the ante-natal period every encouragement is given to the expectant mother to prepare for breast feeding and later, at the child welfare clinic, every aid is advised to help the mother to breast feed her child as long as possible. In the survey, details of which are shown in the table below, 3,011 children were examined in the first age group at the medical inspection clinics, and the mothers were questioned as to the time they weaned the child during the first year. Practically all the infants had some breast milk during the first few weeks of life but, as lactation lessened or the mother did not wish to continue breast feeding, 1,066 infants were breast fed for less than one month. The highest rate of breast feeding was at the end of the first month when 1,945, or 64·6 per cent., were fully breast fed. At the end of three months only 1,255, or 41·7 per cent., were still being breast fed. Lactation was not well maintained and at six months only 638 infants, or 21·2 per cent., were fully breast fed. The rate of weaning then quickly increased so that between nine and ten months only 268 infants, or 8·9 per cent., were breast fed.

TABLE XVII.—Amount of breast feeding in the children examined in the first age group (12-17 months)

<i>Clinic</i>	<i>No. of children examined</i>	<i>Numbers of months fully breast fed</i>									
		<i>Less than one month</i>	1	2	3	4	5	6	7	8	9
1. Orchard Place ..	327	119	208	157	123	81	65	50	36	30	19
2. Firth Park	310	122	188	145	126	91	75	65	49	35	26
3. Manor	468	144	324	244	196	146	125	113	89	79	51
4. Broadfield	248	91	157	121	103	69	56	45	36	27	21
5. Broomhill	157	64	93	76	70	52	34	29	23	23	13
6. Burngreave	187	57	130	110	94	61	50	45	30	25	19
7. Carbrook	126	43	83	53	42	21	19	18	13	11	11
8. Chantrey	98	51	47	37	29	24	22	18	9	6	4
9. Darnall	141	56	85	63	50	25	14	10	7	7	4
10. Dore	18	7	11	7	6	4	4	4	4	3	1
11. Endcliffe	160	62	98	79	68	54	47	44	32	25	10
12. Greenhill	100	27	73	60	55	44	36	34	30	23	16
13. Handsworth ..	78	19	59	45	37	24	10	10	8	7	3
14. Hillsborough ..	253	79	174	145	119	96	80	73	52	46	32
15. Tinsley	43	24	19	15	12	8	6	6	6	6	4
16. Totley	48	15	33	27	22	21	20	20	13	11	9
17. Walkley	—	—	—	—	—	—	—	—	—	—	—
18. Woodhouse ..	59	20	39	26	23	18	13	10	6	5	4
19. Parson Cross ..	127	43	84	63	52	41	34	27	22	15	11
20. Wybourn	63	23	40	34	28	25	19	17	14	12	10
TOTALS	3,011	1,066	1,945	1,507	1,255	905	729	638	479	396	268
Percentage of total examinations ..		35·4	64·6	50·0	41·7	30·1	24·2	21·2	15·9	13·1	8·9

The feeding of the infant has greatly changed in the last few years and the tendency now is to start mixed feeding in the early months ; this has an influence on the length of time breast feeding is persevered with after the age of six months. At that time the child is having a mixed diet of cereal, fruit and vegetable, and having become accustomed to the added flavours the child often objects to breast milk. There is no doubt that the children are much improved with the early mixed feeding, and rickets has almost disappeared.

TABLE XVIII.—Summary of 12,005 Medical inspections of children aged one to five years carried out during 1956, classified according to age-groups, sex and standard of nutrition

Centre	Sex	Group 1 12—17 months				Group 2 18—23 months				Group 3 24—32 months				Group 4 33—41 months				Group 5 42—50 months				Group 6 51—60 months				Total all ages					
		Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor
1. Orchard Place...	M	169	70	94	4	1	132	69	58	5	—	136	63	70	3	—	96	35	56	5	—	85	36	46	2	1	744	326	394	21	3
2. Firth Park ..	F	158	69	84	5	—	151	56	91	4	—	143	46	89	2	—	111	47	58	6	—	96	36	57	3	—	756	288	436	31	1
3. Manor ..	F	155	101	51	9	—	123	69	49	5	—	122	66	48	8	—	106	53	50	3	—	61	29	31	1	—	674	370	275	29	—
4. Broadfield ..	M	261	132	119	9	1	157	61	79	17	—	136	64	65	7	—	83	36	44	3	—	79	42	32	5	—	661	308	320	33	—
5. Broomhill ..	M	125	65	58	2	—	109	51	93	16	2	173	60	97	16	—	154	58	76	4	—	132	47	52	45	9	987	427	501	56	3
6. Broomhill ..	F	123	42	71	10	—	103	31	55	16	—	94	41	46	4	—	62	18	39	5	—	47	17	27	3	—	464	199	234	31	—
7. Broomhill ..	M	73	33	34	6	—	70	26	39	5	—	67	22	40	5	—	48	19	21	6	—	34	13	16	4	1	448	145	238	59	6
8. Broomhill ..	F	84	17	59	8	—	85	22	49	14	—	72	15	47	10	—	55	19	30	6	—	43	16	21	6	—	366	141	192	32	1
9. Broomhill ..	M	95	50	42	3	—	78	35	38	4	—	68	32	35	1	—	39	8	25	6	—	34	14	15	5	—	378	91	232	55	—
10. Broomhill ..	F	92	31	52	9	—	83	32	43	8	—	64	35	26	3	—	49	21	24	4	—	40	24	12	4	—	379	185	170	22	2
11. Broomhill ..	M	61	21	40	2	—	45	14	29	2	—	46	10	31	5	—	35	18	13	4	—	33	10	19	3	1	354	154	172	27	1
12. Broomhill ..	F	65	17	42	6	—	40	10	29	1	—	34	2	28	2	—	27	5	15	1	—	24	3	20	1	—	205	38	151	15	1
13. Broomhill ..	M	54	18	35	1	—	41	10	30	1	—	33	16	15	2	—	21	16	10	5	—	19	5	14	1	—	206	65	130	11	—
14. Broomhill ..	F	44	14	29	3	—	33	9	19	5	—	28	3	20	3	—	31	16	10	5	—	27	5	18	4	—	215	64	128	23	—
15. Broomhill ..	M	77	22	52	3	—	68	12	37	7	—	43	6	37	3	—	39	6	31	2	—	31	6	24	1	—	310	61	238	11	—
16. Broomhill ..	F	64	9	50	5	—	56	12	37	7	—	60	3	53	3	—	25	4	19	2	—	19	1	18	1	—	269	34	214	20	1
17. Broomhill ..	M	11	9	2	—	—	12	9	3	—	—	9	5	4	—	—	6	5	1	—	—	5	5	—	—	—	47	37	10	—	—
18. Broomhill ..	F	7	4	3	—	—	6	2	4	—	—	5	2	3	—	—	7	1	6	—	—	8	2	6	—	—	42	15	27	—	—
19. Broomhill ..	M	89	60	29	—	—	74	45	28	1	—	67	42	23	2	—	43	24	18	1	—	31	17	13	1	—	356	219	130	7	—
20. Broomhill ..	F	71	48	22	1	—	54	35	19	—	—	56	29	26	1	—	48	30	18	—	—	40	24	14	2	—	317	194	118	5	—
21. Broomhill ..	M	44	27	17	—	—	41	25	16	—	—	36	34	22	2	—	43	20	21	2	—	38	24	14	—	—	254	145	104	5	—
22. Broomhill ..	F	56	32	23	1	—	47	25	21	—	—	38	18	18	2	—	29	16	11	2	—	29	13	15	1	—	240	124	108	8	—
23. Broomhill ..	M	34	5	29	—	—	33	9	24	—	—	40	8	32	2	—	31	5	25	—	—	26	11	13	2	—	194	46	145	3	—
24. Broomhill ..	F	44	6	37	1	—	31	4	23	4	—	42	8	31	2	—	30	8	22	—	—	31	5	25	4	—	210	35	155	17	3
25. Broomhill ..	M	134	96	35	3	—	107	73	27	7	—	96	63	29	4	—	79	41	23	5	—	68	32	31	5	—	580	362	181	37	1
26. Broomhill ..	F	119	76	40	3	—	99	54	36	9	—	103	51	44	8	—	98	51	39	7	—	75	38	32	6	—	559	299	221	38	1
27. Broomhill ..	M	25	18	7	—	—	16	7	8	1	—	17	4	13	—	—	14	5	9	—	—	10	6	4	—	—	98	46	51	1	—
28. Broomhill ..	F	18	12	5	—	—	15	5	10	—	—	15	5	8	—	—	12	4	7	1	—	10	5	5	—	—	88	41	43	4	—
29. Broomhill ..	M	28	14	12	2	—	24	12	9	3	—	20	7	12	1	—	16	5	8	—	—	11	6	4	1	—	111	48	52	11	—
30. Broomhill ..	F	20	8	11	1	—	19	6	10	3	—	16	4	11	1	—	15	6	5	—	—	16	5	7	4	—	105	38	52	15	—
31. Broomhill ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
32. Broomhill ..	F	36	18	17	1	—	26	15	11	—	—	18	7	12	—	—	15	6	8	—	—	13	5	7	1	—	127	63	60	4	—
33. Broomhill ..	M	23	11	11	—	—	27	15	12	—	—	19	7	12	—	—	12	10	10	3	—	16	3	7	—	—	107	46	60	1	—
34. Broomhill ..	F	62	33	28	1	—	39	18	20	1	—	31	11	19	4	—	28	12	14	3	—	16	6	10	—	—	203	90	105	8	—
35. Broomhill ..	M	65	32	32	1	—	50	23	15	4	—	48	25	19	4	—	31	7	21	3	—	23	7	14	2	—	241	98	128	14	1
36. Broomhill ..	F	37	17	15	—	—	22	5	15	2	—	22	10	10	2	—	18	5	10	3	—	10	5	5	—	—	122	45	63	14	—
37. Broomhill ..	M	26	6	12	7	—	16	3	4	8	—	16	3	4	8	—	5	2	2	2	—	5	2	3	—	—	85	21	35	26	3
TOTALS...	M	1,570	809	716	43	2	1,217	565	585	66	1	1,161	520	586	54	1	993	409	463	54	2	666	294	329	42	1	6,465	2,936	3,205	315	9
F	1,441	574	782	83	—	2	1,212	471	635	102	4	1,158	408	645	99	6	933	338	419	62	4	668	254	357	55	2	6,208	2,356	3,365	465	22
TOTALS—both sexes		3,011	1,383	1,498	126	4	2,429	1,036	1,220	168	5	2,319	928	1,231	153	7	1,926	747	882	116	6	1,334	548	686	97	3	12,673	5,292	6,570	780	31

TABLE XIX.—Average Weight (in lbs.) in the various age groups of children examined during the year 1956

Boys

Clinic	Group 1 (12-17 months)		Group 2 (18-23 months)		Group 3 (24-32 months)		Group 4 (33-41 months)		Group 5 (42-50 months)		Group 6 (51-60 months)	
	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight
1. Orchard Place	169	22·81	131	25·44	135	27·85	125	33·26	96	36·80	85	39·14
2. Firth Park ..	155	23·12	123	25·79	122	27·85	106	32·25	106	36·95	61	39·31
3. Manor ..	260	22·73	157	25·10	162	27·72	164	32·04	137	36·69	106	38·78
4. Broadfield ..	124	23·41	109	25·43	94	28·03	62	32·60	47	37·94	27	38·11
5. Broomhill ..	73	23·23	70	26·28	67	28·67	57	33·14	55	38·04	43	40·80
6. Burngreave ..	95	22·84	78	25·35	68	27·59	49	32·13	48	36·21	40	39·13
7. Carbrook ..	61	23·61	45	25·19	46	26·97	39	32·46	27	35·72	24	37·22
8. Chantrey ..	54	24·55	41	26·05	38	28·07	33	32·08	19	36·22	21	36·02
9. Darnall ..	77	22·86	67	25·49	51	28·18	43	32·06	39	35·88	31	38·95
10. Dore ..	11	24·16	12	26·54	9	28·71	4	35·62	6	40·55	5	46·46
11. Endcliffe ..	89	22·95	74	25·97	65	28·87	52	32·64	43	37·43	31	40·03
12. Greenhill ..	44	23·49	41	26·25	55	28·62	32	32·72	42	36·62	38	39·62
13. Handsworth ..	34	23·79	33	28·30	39	28·69	30	32·77	31	35·65	26	39·92
14. Hillsborough	134	23·32	104	25·83	94	28·13	95	32·45	79	36·72	68	38·21
15. Tinsley ..	25	24·12	16	26·93	16	27·70	16	30·71	14	35·87	10	40·22
16. Totley ..	28	24·18	24	27·59	20	29·40	16	33·85	12	37·74	11	40·30
17. Walkley ..	—	—	—	—	—	—	—	—	—	—	—	—
18. Woodhouse ..	36	22·28	26	25·52	18	28·38	19	34·34	15	36·27	13	36·79
19. Parson Cross	62	23·18	39	24·73	31	26·08	28	32·73	27	35·60	16	39·05
20. Wybourn ..	37	23·16	22	24·18	22	27·56	18	31·37	13	34·02	10	39·84
All clinics ..	1,568	23·15	1,212	25·69	1,152	28·00	988	32·49	856	36·73	666	39·04
Not weighed	2	—	5	—	9	—	5	—	2	—	—	—
TOTALS ..	1,570	—	1,217	—	1,161	—	993	—	858	—	666	—

Girls

Clinic	Group 1 (12-17 months)		Group 2 (18-23 months)		Group 3 (24-32 months)		Group 4 (33-41 months)		Group 5 (42-50 months)		Group 6 (51-60 months)	
	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight
1. Orchard Place	158	21·44	150	23·75	143	26·52	97	31·51	111	36·47	96	37·89
2. Firth Park ..	155	21·60	121	24·52	135	26·96	87	31·00	83	35·26	78	38·26
3. Manor ..	207	21·72	166	23·97	173	26·50	154	31·02	132	34·91	96	37·04
4. Broadfield ..	123	21·61	103	24·16	90	26·66	50	31·25	48	35·81	34	39·05
5. Broomhill ..	84	21·65	85	24·36	72	27·03	64	31·86	39	35·92	34	38·91
6. Burngreave ..	92	21·47	83	24·25	64	27·40	47	31·66	35	35·52	33	37·30
7. Carbrook ..	65	21·52	40	23·84	34	26·01	33	29·52	21	34·12	12	36·77
8. Chantrey ..	44	22·47	33	24·64	28	26·64	52	32·10	31	36·42	27	37·69
9. Darnall ..	64	21·47	55	23·70	59	26·18	45	30·91	25	35·62	19	37·30
10. Dore ..	7	22·33	6	24·18	5	26·68	9	31·44	7	34·38	8	38·03
11. Endcliffe ..	71	22·18	52	24·74	56	27·50	48	32·23	48	37·70	40	39·93
12. Greenhill ..	56	21·50	47	24·12	38	26·70	29	32·11	41	35·69	29	37·71
13. Handsworth ..	44	21·97	31	24·47	42	27·82	30	31·92	31	36·15	32	40·47
14. Hillsborough	118	21·99	97	24·57	102	26·82	98	32·02	75	36·92	65	39·54
15. Tinsley ..	18	22·23	15	24·34	15	27·43	21	31·82	9	34·92	10	38·31
16. Totley ..	20	22·10	19	24·93	16	27·48	15	31·52	19	37·50	16	39·18
17. Walkley ..	—	—	—	—	—	—	—	—	—	—	—	—
18. Woodhouse ..	23	21·43	27	24·92	19	27·17	16	33·81	12	35·15	10	37·87
19. Parson Cross	65	21·25	50	23·99	48	26·87	31	29·79	24	35·68	23	37·99
20. Wybourn ..	26	20·80	26	22·78	16	24·53	7	31·26	5	33·42	5	37·80
All clinics ..	1,440	21·67	1,206	24·18	1,155	26·78	933	31·44	796	35·87	667	38·29
Not weighed	1	—	6	—	3	—	—	—	—	—	1	—
TOTALS ..	1,441	—	1,212	—	1,158	—	933	—	796	—	668	—

TABLE XX.—Average Height (in inches) in the various age groups of children examined during the year 1956

Boys

Clinic	Group 1 (12-17 months)		Group 2 (18-23 months)		Group 3 (24-32 months)		Group 4 (33-41 months)		Group 5 (42-50 months)		Group 6 (51-60 months)	
	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height
1. Orchard Place	169	29·76	131	32·36	133	34·32	124	37·63	95	40·33	85	41·81
2. Firth Park ..	153	29·09	123	31·61	122	33·83	106	37·18	106	39·86	61	41·14
3. Manor ..	258	29·57	157	31·50	162	33·41	163	36·68	137	39·79	106	41·04
4. Broadfield ..	125	29·38	109	31·53	94	33·87	62	37·44	47	40·69	27	41·31
5. Broomhill ..	72	29·63	69	32·39	67	34·42	58	37·51	55	40·59	43	41·92
6. Burngreave ..	94	29·45	78	31·82	68	33·91	49	36·55	48	39·68	40	41·16
7. Carbrook ..	59	29·21	45	31·64	46	33·77	40	37·21	27	39·43	24	41·17
8. Chantrey ..	54	29·40	41	32·43	38	34·49	33	37·61	19	40·59	21	41·81
9. Darnall ..	74	29·74	68	32·06	52	34·08	43	37·74	39	40·36	31	41·73
10. Dore ..	11	30·55	12	32·63	9	34·53	4	39·25	6	41·25	5	43·30
11. Endcliffe ..	89	29·78	74	32·23	66	34·63	52	37·65	43	40·49	31	42·16
12. Greenhill ..	43	29·34	41	32·13	56	34·37	32	37·74	43	40·78	38	42·43
13. Handsworth ..	34	29·85	32	33·08	39	34·29	30	37·68	31	39·30	26	41·12
14. Hillsborough ..	134	30·54	104	32·14	93	34·31	95	37·37	79	40·44	68	41·39
15. Tinsley ..	25	30·72	16	32·94	17	34·60	16	36·75	14	40·36	10	42·53
16. Totley ..	26	29·56	24	32·93	20	34·94	16	38·42	12	41·13	11	41·64
17. Walkley ..	—	—	—	—	—	—	—	—	—	—	—	—
18. Woodhouse ..	36	29·26	26	31·83	18	33·86	19	37·74	15	40·27	13	41·08
19. Parson Cross ..	62	29·59	39	31·85	31	33·65	28	37·11	27	39·62	16	41·16
20. Wybourn ..	37	29·62	22	31·31	22	33·82	18	37·04	13	39·15	10	42·28
All clinics ..	1,555	29·63	1,211	31·98	1,153	34·06	988	37·30	856	40·15	666	41·52
Not measured	15	—	6	—	8	—	5	—	2	—	—	—
TOTALS ..	1,570	—	1,217	—	1,161	—	993	—	858	—	666	—

Girls

Clinic	Group 1 (12-17 months)		Group 2 (18-23 months)		Group 3 (24-32 months)		Group 4 (33-41 months)		Group 5 (42-50 months)		Group 6 (51-60 months)	
	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height
1. Orchard Place	158	29·28	150	31·60	143	33·39	97	37·05	111	40·11	95	41·51
2. Firth Park ..	154	28·56	121	31·10	134	33·33	87	36·73	81	39·54	78	40·94
3. Manor ..	205	29·12	166	31·26	173	33·19	154	36·48	132	39·28	96	40·50
4. Broadfield ..	123	28·88	103	31·40	90	33·55	49	36·85	48	39·99	34	41·90
5. Broomhill ..	84	28·87	85	31·53	72	33·93	64	37·07	39	39·83	34	41·39
6. Burngreave ..	91	28·83	83	31·42	64	33·61	47	36·97	35	39·36	33	40·88
7. Carbrook ..	65	28·96	40	31·64	34	33·37	33	36·21	21	39·14	12	40·62
8. Chantrey ..	44	29·07	33	31·98	28	34·34	52	37·74	31	40·26	27	41·75
9. Darnall ..	64	29·14	56	31·60	59	33·84	44	37·34	25	40·15	19	40·88
10. Dore ..	7	29·71	6	31·46	5	33·40	9	37·81	7	40·29	8	41·84
11. Endcliffe ..	71	29·58	53	31·89	56	33·75	48	37·19	48	40·47	40	42·27
12. Greenhill ..	56	29·31	46	31·80	38	33·82	29	37·96	41	40·76	29	41·97
13. Handsworth ..	44	29·07	31	31·60	42	33·87	30	37·20	31	40·22	32	42·17
14. Hillsborough ..	118	29·91	97	31·87	102	33·87	98	37·28	75	40·16	65	41·69
15. Tinsley ..	18	30·10	15	32·17	15	34·60	21	37·78	9	40·55	10	42·27
16. Totley ..	20	29·38	19	32·46	15	34·37	15	37·00	19	40·67	16	41·66
17. Walkley ..	—	—	—	—	—	—	—	—	—	—	—	—
18. Woodhouse ..	23	28·59	27	31·55	19	33·50	16	37·44	12	39·42	10	41·20
19. Parson Cross ..	65	28·85	50	31·37	48	33·69	30	36·47	24	39·36	23	40·76
20. Wybourn ..	26	28·50	26	30·56	16	33·11	7	37·21	5	39·50	5	41·50
All clinics ..	1,436	29·09	1,207	31·51	1,153	33·59	930	37·01	794	39·89	666	41·36
Not measured	5	—	5	—	5	—	3	—	2	—	2	—
TOTALS ..	1,441	—	1,212	—	1,158	—	933	—	796	—	668	—

TABLE XXI.—Summary of Defects found in 12,673 Examinations of Children during the year 1956,
classified under Sex and Age Groups

Defects	All Clinics												Full Total (both sexes)			
	Group 1 (12-17 months)		Group 2 (18-23 months)		Group 3 (24-32 months)		Group 4 (33-41 months)		Group 5 (42-50 months)		Group 6 (51-60 months)			Total		
	M	F	M	F	M	F	M	F	M	F	M	F		M	F	
Cleanliness—																
Dirty Body ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Infested Body ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dirty Head ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Infested Head ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Skin—																4
Naevus ..	11	25	7	14	3	12	4	9	3	6	3	6	31	72	103	
Eczema ..	19	16	18	18	17	24	16	14	4	8	5	5	79	85	164	
Urticaria ..	2	6	2	1	5	..	1	..	1	..	..	..	6	1	7	
Dermatitis ..	3	..	3	1	..	..	1	..	4	1	1	..	13	7	20	
Impetigo ..	..	..	2	1	2	..	1	2	1	1	1	..	6	1	10	
Septic spots ..	..	1	2	..	1	1	1	..	1	..	..	..	3	5	11	
Haemangioma ..	3	3	2	1	..	1	..	..	..	1	1	..	3	4	7	
Warts ..	..	..	..	1	..	..	2	3	..	..	..	3	1	5	6	
Ichthyosis ..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	5	
Scabies ..	..	..	..	..	..	..	1	1	..	..	..	..	..	2	2	
Ringworm ..	..	..	..	..	..	..	2	..	1	1	..	1	1	8	4	
Other conditions ..	..	..	..	1	2	..	..	..	106	88	85	93	397	343	740	
Tonsils and Adenoids—																
Enlarged ..	19	16	49	36	50	43	88	67	106	88	85	93	397	343	740	
Obstructing ..	..	..	1	2	6	2	17	12	30	12	15	14	69	42	111	
Teeth—																
3 and under—carious ..	..	..	8	4	19	15	88	73	173	161	158	191	446	444	890	
4 and over—carious ..	2	..	12	5	26	13	63	54	127	126	131	126	361	324	685	
Ears—																
Complete deafness ..	1	..	..	1	..	..	..	2	..	..	1	..	1	1	2	
Otorrhoea ..	1	..	1	1	5	2	4	4	4	3	1	1	3	4	7	
Otitis Media ..	5	9	5	9	1	1	..	..	..	..	4	..	27	27	54	
Furunculosis ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	
Eyes—																
Squint ..	8	11	8	9	6	14	9	7	10	16	4	7	45	64	109	
Cataracts ..	1	..	..	1	..	..	1	..	..	1	..	..	2	2	4	
Nystagmus ..	1	..	..	1	1	..	..	..	..	1	..	..	2	2	2	
Blind ..	..	..	..	1	2	..	1	2	..	..	..	..	4	2	6	
Ptosis ..	..	..	1	1	..	..	1	..	..	..	..	..	1	1	1	
Congenital eye defect ..	..	1	1	1	2	2	1	..	..	2	3	3	7	9	16	
Blepharitis ..	1	1	1	1	2	2	1	..	..	..	..	..	3	3	6	
Conjunctivitis ..	1	..	..	..	1	1	1	..	..	..	..	..	1	1	1	
Dacrocystitis ..	1	..	..	..	..	..	..	..	..	..	..	..	2	2	2	
Cyst on eye ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Corneal ulcer ..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
Heart and Circulation—																
Congenital heart disease ..	7	1	11	1	5	3	10	11	14	11	1	1	2	5	7	
Functional murmurs ..	..	4	..	..	..	17	..	..	..	..	6	6	53	50	103	
Lungs—																
Bronchitis ..	38	28	14	18	13	5	13	9	10	6	5	5	93	71	164	
Pneumonia ..	1	..	..	1	2	1	3	..	1	..	1	..	8	2	10	

TABLE XXI.—Continued

[illegible]

TABLE XXII.—Summary of Defects found in 12,673 examinations of children during the year 1956,
classified according to Medical Inspection Clinics

DEFECTS	1 Orchard Place	2 Firth Park	3 Manor	4 Broad- field	5 Broom- hill	6 Burn- greave	7 Car- brook	8 Chan- tre	9 Darn- all	10 Dore	11 End- cliffe	12 Green- hill	13 Hand- sworth	14 Hills- boro'	15 Tin- sley	16 Totley	17 Walk- ley	18 Wood- house	19 Parson Cross	20 Wy- bourn	Sub- Total	Total
Cleanliness—																						
Dirty body	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2	
Infested body	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dirty head	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
Infested head	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Skin—																						
Naevus ..	10	11	11	7	4	5	5	2	5	2	6	7	6	12	2	3	..	4	..	1	103	
Eczema ..	16	10	13	14	22	3	9	11	6	1	10	4	5	22	..	8	..	4	5	1	164	
Urticaria ..	1	1	1	..	..	..	..	2	..	..	..	..	1	1	..	..	..	..	..	..	7	
Dermatitis	4	2	2	..	1	5	1	1	1	..	..	..	..	2	1	2	..	1	1	1	20	
Impetigo	1	1	..	1	1	..	1	..	..	..	..	..	2	1	..	..	..	1	3	..	11	
Septic spots	1	..	..	2	1	..	..	..	..	..	..	..	..	5	..	..	..	..	1	..	7	
Haemangioma	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	6	
Warts ..	1	..	1	1	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	5	
Ichthyosis	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2	
Scabies ..	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	
Ringworm	..	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	12	
Other conditions	..	2	3	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Tonsils and Adenoids	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enlarged	60	49	72	46	74	30	12	115	6	3	35	18	23	80	9	74	7	12	15	15	740	
Obstructing	8	8	12	4	8	3	1	14	2	..	9	3	13	11	2	1	1	5	6	6	111	
Teeth—																						
3 and under—	125	82	156	34	44	50	27	29	29	6	37	32	37	98	13	8	..	24	45	14	890	
4 and over—	89	64	124	32	42	44	28	17	35	5	31	22	18	62	9	4	..	12	26	21	685	
carious	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
Ears—																						
Complete deafness	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	7	
Otorrhoea	1	..	1	1	1	..	1	1	..	..	..	..	1	4	..	..	..	..	2	..	54	
Otitis media	11	6	7	3	..	8	2	4	2	..	3	..	..	..	..	..	..	..	..	..	2	
Furunculosis	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eyes—																						
Squint ..	14	5	9	15	4	16	5	4	4	..	9	2	3	5	1	7	..	3	2	1	109	
Cataracts	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	1	..	4	
Nystagmus	..	..	..	1	..	..	..	..	1	..	1	..	..	2	..	..	..	..	..	..	2	
Blind ..	..	..	1	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2	
Ptosis ..	1	..	1	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	6	
Congenital eye defect	..	..	..	1	1	..	..	..	..	..	..	..	..	3	1	..	..	..	..	1	16	
Blepharitis	..	1	2	1	..	3	..	..	..	..	..	2	..	1	..	..	..	..	..	..	6	
Conjunctivitis	..	2	1	..	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	
Dacryocystitis	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
Cyst on eye	..	..	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2	
Corneal ulcer	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
TOTAL c/f	353	245	420	164	205	173	94	200	93	17	144	91	112	314	38	109	..	56	103	62	2,993	2,993

Summary of Defects found in 12,673 examinations of children during the year 1956,
classified according to Medical Inspection Clinics—(contd.)

DEFECTS	1 Orchard Place	2 Firth Park	3 Manor	4 Broadfield	5 Broomhill	6 Burngreave	7 Carbrook	8 Chantrey	9 Dartall	10 Dore	11 Endcliffe	12 Greenhill	13 Handsworth	14 Hillsboro'	15 Tinsley	16 Totley	17 Walkley	18 Woodhouse	19 Parson Cross	20 Wybourn	Sub-Total	Total
Total b/f ..	353	245	420	164	205	173	94	200	93	17	144	91	112	314	38	109	—	56	103	62	2,993	2,993
Heart and Circulation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital heart disease ..	2	1	5	9	13	6	1	13	2	—	7	1	6	2	2	1	—	1	2	1	7	110
Functional murmurs ..	26	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lungs ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis ..	22	20	25	8	4	15	7	6	7	—	7	5	4	8	7	1	—	3	12	3	164	174
Asthma ..	—	1	2	3	1	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	3	..
Alimentary System ..	..	..	..	..	..	..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5
Prolapsed rectum ..	..	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	..
Fibrocystic disease ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3
Pyloric stenosis ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	..
Nervous System ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	..
Polomyelitis Paresis ..	..	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	..
Paralysis due to spina bifida ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	..
Mental Condition— ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mentally defective ..	1	2	3	2	1	1	1	2	—	—	—	2	1	—	—	—	—	—	—	—	12	18
Mongol ..	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	..
Speech— ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poor for age ..	7	6	7	6	1	6	4	4	1	—	4	6	3	2	1	—	—	1	4	1	64	77
Stammer ..	2	—	1	2	2	1	—	3	—	—	1	—	—	—	—	—	—	1	—	—	13	..
Orthopaedic— ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Knock knees (slight) ..	59	37	68	35	62	16	11	25	13	4	19	14	21	42	2	15	—	8	9	6	466	..
Knock knees (marked) ..	13	5	6	2	12	1	2	60	4	—	..	3	..	8	2	23	—	2	1	2	144	..
Flat foot ..	3	6	3	5	5	1	1	6	1	—	1	1	..	6	—	2	—	..	1	1	43	..
Pronated feet ..	..	1	2	4	4	..	1	..	..	..	1	1	1	1	—	..	—	—	—	1	14	..
Scoliosis ..	..	—	1	—	2	—	—	—	2	—	1	1	1	1	—	2	—	—	—	—	6	..
Harrison's sulcus ..	1	1	2	1	1	—	—	2	—	—	—	2	—	1	—	3	—	—	1	—	8	695
Other conditions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	..
Genito-Urinary— ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Albuminuria ..	..	3	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	..
Glycosuria ..	..	..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	..
Nephritis ..	..	..	..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	10
Developmental— ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phimosis ..	5	15	12	9	17	6	2	12	10	1	4	3	4	6	2	8	—	5	2	2	125	..
Hernia ..	17	15	21	10	2	2	4	2	8	1	11	5	6	11	3	2	—	3	2	1	126	..
Hypospadias ..	..	5	5	2	..	..	..	..	1	..	..	1	..	4	..	..	..	..	..	..	18	..
Hydrocele ..	..	..	1	1	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	7	..
Webbed digits ..	..	4	1	1	..	1	1	1	..	..	2	1	..	1	..	..	..	..	..	..	12	..
Cleft palate ..	..	1	5	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	8	..
Talipes equino varus ..	..	1	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	4	..
Congenital dislocation of hip ..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..
Slight deformity of face, ear, foot, etc ..	2	2	4	1	1	4	—	1	2	—	2	1	—	2	—	4	—	—	1	—	27	330
TOTAL c/f ..	521	374	602	267	335	238	131	338	142	23	205	141	157	416	55	172	—	80	138	80	4415	4,415

**Summary of Defects found in 12,673 examinations of children during the year 1956,
classified according to Medical Inspection Clinics—(contd.)**

DEFECTS	1 Orchard Place	2 Firth Park	3 Manor	4 Broadfield	5 Broomhill	6 Burngreave	7 Carbrook	8 Chantray	9 Darnall	10 Dore	11 Endcliffe	12 Greenhill	13 Handsworth	14 Hillsboro'	15 Tinsley	16 Totley	17 Walkley	18 Woodhouse	19 Parson Cross	20 Wybourn	Sub-Total	Total
Total b/f	521	374	602	267	335	238	131	338	142	23	205	141	157	416	55	172	—	80	138	80	4,415	4,415
Operations—																						
Tonsillectomy	3	2	8	1	2	3	—	1	1	—	1	2	—	2	—	1	—	—	—	—	—	25
Circumcision	9	6	3	7	7	3	2	1	1	—	3	3	—	5	—	—	—	—	2	—	—	53
Herniotomy	5	3	4	3	1	2	—	3	2	—	6	1	3	—	—	—	—	—	1	—	—	34
Appendicectomy	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Adenoidectomy	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Squint	1	—	—	1	—	—	1	1	1	—	1	—	—	—	—	1	—	—	—	—	—	5
Repair hare lip and cleft palate	1	—	2	—	—	—	—	1	3	—	—	2	—	1	—	—	—	—	—	—	—	11
Laparotomy intussusception	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	3
Pyloric stenosis (Ramstedt)	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	5
Removal of congenital cataract	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Minor operations	2	3	1	1	—	2	—	—	—	—	2	3	—	—	—	1	—	—	1	—	—	16
Organic—																						158
Anaemia	8	1	1	1	6	2	1	1	3	—	2	—	—	3	—	—	—	1	2	—	—	32
Balanitis	1	—	3	1	1	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	8
Convulsions	—	—	2	—	1	—	—	1	1	—	1	—	—	1	—	—	—	—	1	—	—	9
Epilepsy	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	3
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	3
Other conditions	—	—	2	1	1	—	—	—	—	—	2	—	—	—	—	1	—	—	3	—	—	11
Enuresis	21	11	15	10	5	1	1	10	5	2	11	4	7	9	1	4	—	1	4	1	—	123
Thread worms	1	—	2	—	—	2	—	2	2	—	2	—	—	1	—	—	—	—	1	—	—	11
Glands of neck	71	49	32	32	47	18	10	49	34	—	24	14	30	46	4	25	—	7	2	9	503	503
Total defects	646	450	683	327	405	273	146	404	198	25	262	171	197	487	60	207	—	89	155	91	5,276	5,276
Children without defects	1,019	972	1,383	661	460	515	323	175	412	67	470	357	260	772	133	85	—	169	323	143	8,699	
Children with one or more defects	481	363	532	251	284	218	125	246	167	22	203	137	144	367	53	131	—	65	121	64	3,974	
Total examinations	1,500	1,335	1,915	912	744	733	448	421	579	89	673	494	404	1,139	186	216	—	234	444	207	12,673	12,673

Minor Ailments Clinics.—These are held at three of the Maternity and Child Welfare Centres, namely, Orchard Place, Firth Park and Manor Centres, and children are referred from the Infant Consultation sessions for treatment for minor ailments. Details of attendances at these clinics are as follows :—

<i>Centre</i>				<i>Attendances of Children</i>		
				<i>Under 1 year</i>	<i>1—5 years</i>	<i>Total</i>
Orchard Place	..	..	..	70	16	86
Firth Park	..	..	..	107	12	119
Manor	..	..	..	524	152	676
TOTALS	..	..	..	<u>701</u>	<u>180</u>	<u>881</u>

Ultra Violet Light Clinics.—Sessions are held at Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres. Children are referred by the medical officer at the Infant Consultations for a course of 24 treatments and reviewed before a further course is prescribed. The attendances in 1956 are shown below :—

<i>Centre</i>				<i>Attendances of Children</i>		
				<i>Under 1 year</i>	<i>1—5 years</i>	<i>Total</i>
Orchard Place	..	..	..	96	3,571	3,667
Firth Park	..	..	..	10	2,842	2,852
Manor	..	..	..	42	3,142	3,184
TOTALS	..	..	..	<u>148</u>	<u>9,555</u>	<u>9,703</u>

Particulars follow of the total attendances of all cases and also of the number of new cases which attended in each of the past five years at all consultation and treatment clinics :—

<i>Year</i>					<i>Total Attendances of all Children</i>			<i>Total Children attending for first time</i>
1952	..	..	..	..	107,458	..	..	5,489
1953	..	..	..	..	103,148	..	..	5,567
1954	..	..	..	..	97,048	..	..	5,357
1955	..	..	..	..	83,126	..	..	4,828
1956	..	..	..	..	80,992	..	..	5,176

Children referred to Private Medical Practitioners or Hospital for treatment.—323 of the children who attended at the Centres during the year were referred by the medical staff to their private medical practitioners for treatment, 18 were referred to hospitals, 121 to the school clinic and 121 to the City General Hospital Laboratory for blood count.

Lectures.—The Senior Assistant Medical Officer gives four courses of six lectures each to the pupil midwives (Part II) at the Nether Edge Maternity Hospital during the year prior to their transfer to district midwifery.

A first and second year course of lectures are also given by the Senior Assistant Medical Officer and one of the Assistant Medical Officers to the nursery students taking the N.N.E.B. course at the Kenwood Nursery Training Centre.

Children Act, 1948.—One of the Maternity and Child Welfare Centre Medical Officers visits each week children who are under the care of the Children's Officer at the Fulwood Cottage Homes, the Moss Residential Nursery and the Reception Centre, Broomgrove Road. Three-monthly visits are made to Thornseat Lodge, Bradfield, and medical supervision is carried out periodically at Halifax Road Cottage Home.

Foster parents who are in charge of children under the Children's Officer are encouraged to attend the Maternity and Child Welfare Centre periodically with the foster child for examination and general medical supervision.

Day Nurseries.—Four day nurseries are visited every eight weeks by one of the Maternity and Child Welfare Centre Medical Officers and a general inspection of the children is carried out. The matrons of the nurseries are free to communicate with the Senior Medical Officer at the Centre should they require advice regarding the condition of a child admitted to the nursery at any time.

Distribution of Dried Milks and Nutrients during 1956.—At the Maternity and Child Welfare Centres the Government's Welfare Foods, Cod Liver Oil compound, tablets of vitamin A and D, National Dried Milk and concentrated orange juice are distributed. In addition, a number of proprietary brands of dried milk and nutrients, such as tablets of calcium sodium lactate, Fersolate, Vitamin B, Virol, Halibut liver oil, Rose Hip Syrup, children's iron tonic, and proprietary brands of infant foods such as Robsoup, Farex, Robrex, Baby Rice, Colact, Ovaltine and Lactagol are available when ordered by the medical or health visitor staff. Expectant and nursing mothers and children under five years of age benefit by obtaining these items at ten per cent. above cost price, and free of charge in necessitous circumstances. The following list gives details of the various items sold during 1956 :—

<i>Quantities Distributed</i>				1955		1956
Ostermilk (dried milk)—1 lb. packets	..	..	..	40,897	..	41,999
Colact—1 lb. packets	..	..	..	10,259	..	12,102
Cow and Gate (dried milk)—1 lb. packets	..	..	..	17,674	..	21,254
Ovaltine— $\frac{1}{2}$ lb. tins	..	..	..	34,817	..	38,156
Farex—12 oz. packets	..	..	..	8,265	..	7,796
Robrex—8 oz. packets	..	..	..	2,981	..	2,203
Lactagol	..	..	..	1,581	..	1,214
Children's tonic—6 oz. bottles	..	..	..	748	..	570
Adult tonic—12 oz. bottles	..	..	..	157	..	253
Calcium tablets—packets of 42	..	..	..	11,359	..	11,998
Ferrous sulphate tablets—tins of 50	..	..	..	11,635	..	13,447
Vitamin tablets—packets of 84	..	..	..	10,616	..	11,245
Virol—6 oz. cartons	..	..	..	3,971	..	3,575
Halibut Liver Oil—5 c.c. bottles	..	..	..	7,768	..	6,742
Malt Extract—1 lb. jars	..	..	..	42	..	—
Rose Hip Syrup—6 oz. bottles	..	..	..	11,846	..	13,163
Cod Liver Oil—24 oz. bottles	..	..	..	12	..	—
Robsoup—2 $\frac{1}{2}$ oz. tins	..	..	..	4,312	..	4,511
Citrate of Soda—small packets	..	..	..	1,339	..	1,325
Baby Rice—6 oz. packets	..	..	..	3,188	..	5,351

National Dried Milk and Vitamins.—Since 1954, the distribution of welfare foods has become the responsibility of the local health authorities throughout the country. By arrangement with the Ministry of Food, the Sheffield Health Department has distributed these foods since 1941, the local arrangement being made in the first place because of the popularity of the Maternity and Child Welfare Centres and their convenient situation throughout the City. It was considered that the mothers could collect their welfare foods while attending the clinics, and those who did not attend would be easily served from the clinic centres. The scheme has worked well throughout the 16 years it has been in operation. The following are details in regard to the distribution of these commodities in the years 1955 and 1956 :—

<i>Foods</i>	<i>Quantities Distributed</i>	
	1955	1956
National Dried Milk—1 $\frac{1}{4}$ lb. tins (No. of tins)	91,900	87,933
Cod Liver Oil—6 oz. bottles (No. of bottles)	58,648	53,402
Orange Juice—6 oz. bottles (No. of bottles)	286,537	309,509
Vitamins A and D Tablets—Packets of 45 tablets (No. of packets)	21,116	21,583

It will be noted that there is a drop in the uptake of Cod Liver Oil. However, most of the children under 12 months of age who attend the clinics are receiving Halibut Liver Oil in liquid form, as it is found that this agrees with the children better than Cod Liver Oil. In addition, most of these young children are prescribed Rose Hip Syrup.

HUNGARIAN REFUGEES

On the 10th December, 1956, the first party of refugees arrived in Sheffield. They attended the Orchard Place Centre for medical examination and were then sent to the Mass Radiography Centre for chest X-ray. They were followed in a few days by other refugees, who were examined either at Orchard Place or Manor Maternity and Child Welfare Centre. There were also several refugees who had arrived in Sheffield under private arrangements, and these were given appointments to attend the Orchard Place Centre. The total number of appointments for medical examination was 148 and of these ten failed to attend. Most of the refugees also attended the Mass Radiography Centre ; of the 140 X-rayed, three had active pulmonary tuberculosis and these were immediately admitted to hospital for treatment.

MATERNITY AND NURSING HOMES

No new premises were registered as Nursing Homes during the year. On the 31st December, 1956, there were eight Nursing Homes on the register, providing accommodation for 13 maternity and 128 other cases, and these premises were visited as required.

CHILD MINDERS

Under the Nurseries and Child Minders Regulation Act, 1948, three registrations have been granted for the care of a total of 38 children.

HOMES FOR MOTHERS AND BABIES AND HOMELESS CHILDREN

The Mother and Baby Home at 19-21, Hucklow Road is administered by the Council for the care of unmarried girls and mothers in social difficulties with a view to rehabilitation where necessary.

During the year, 25 expectant mothers had some period in the Home, 17 before the baby was born (12 of whom returned with the baby), five who were admitted for the first time with the baby, and three mothers with babies who were admitted in 1955 and remained in the Home for a period in 1956. The 17 mothers admitted prior to confinement spent 447 days in the Home, making an average of 26 days per mother. The 20 who were admitted post-natally with the baby spent 744 days in the Home, an average of 37 days per mother.

The following table gives details of the married and unmarried women who were in the Home, together with their destination on leaving, and particulars as to the care of the child :—

Expectant Mother			Care of Child on leaving the Home					Destination of mother on leaving the Home					
Gravida	Married	Un-married	For adoption	Fostered	Dis-charged with mother	Home for Babies	Still in Home	Re-turned Home	To lodging, rooms or friend	To resident post	Ad-dress not known	Still awaiting confinement	Still in with baby
1	2	—	1	—	—	—	—	1	—	—	—	—	—
			—	—	1	—	—	—	—	1	—	—	—
			1	—	—	—	—	1	—	—	—	—	—
			—	1	—	—	—	1	—	—	—	—	—
1	—	10	—	—	2	—	—	2	—	—	—	—	—
			—	—	—	3	—	1	1	—	1	—	—
			—	—	—	—	—	3*	—	—	—	—	—
2	3	—	1	—	—	—	—	1	—	—	—	—	—
			—	—	1	—	—	—	1	—	—	—	—
			—	—	—	—	—	1*	—	—	—	—	—
2	—	5	—	1	—	—	—	1	—	—	—	—	—
			—	—	1	—	—	1*	—	1	—	—	—
			1	—	—	—	—	1	—	—	—	—	—
			—	—	—	—	1	—	—	—	—	—	1
3	2	—	—	—	1	—	—	1	—	—	—	—	—
			1	—	—	—	—	—	—	1	—	—	—
3	—	1	1	—	—	—	—	1	—	—	—	—	—
4	1	—	1	—	—	—	—	1	—	—	—	—	—
7	1	—	—	—	—	—	1	—	—	—	—	—	1
TOTALS	9	16	7	2	6	3	2	17	2	3	1	—	2

*Of these 5 mothers, one returned home before the birth of the baby and 4 returned home direct from hospital.

The residents during 1956 were found to belong mainly to the Church of England. Arrangements were made for regular attendance at their place of worship, and visits were made to the Home by representatives of the Churches concerned.

Every effort is made to train the girls in good housekeeping, which includes general domestic work, kitchen duties and laundry work. Many were found to have no knowledge of house management and needed considerable training, both as to general cleanliness and the care of domestic equipment. It was found that the girls who had been in domestic service had a higher standard than the majority. Each girl is trained to care for her own baby, does the laundry work connected with the child, and attends to her own personal belongings, from the point of view of both cleanliness and repair. The girls are taught to knit baby garments from patterns and also to make garments which are cut out and prepared for them.

Books and magazines have been provided, but reading does not generally appeal to the girls. They are free each afternoon and occasionally go to the pictures. Visitors are allowed each evening and on Saturday afternoons.

Many of the girls have been very difficult, especially some of the married women, several of whom had been evicted from their own homes, but others have responded well and benefited by their stay in the Home, and those who take the baby home with them have had a good training in mothercraft. Quite a number of the girls have visited the Home after they have left, and it is gratifying to know that they have appreciated the help given.

It has been found that the Home has served a useful purpose in the general care and rehabilitation of unmarried girls and mothers in difficult social positions, and in a number of cases girls have been helped over a difficult situation and have been received back into their own homes.

The Matron left near the end of the year and the Superintendent Health Visitor undertook to arrange relief for the Deputy Matron for a period owing to difficulties in replacing the Matron.

St. Agatha's Church of England Hostel, a home for unmarried expectant mothers, is situated at No. 22, Broomgrove Road and has a complement of 30 beds. After the confinements, which take place in hospital, the mothers return to the Home with their babies until the necessary arrangements can be made for the care of the baby and for the mother to resume work.

St. Margaret's Girls' Rescue and Maternity Home, Leeds, admits Roman Catholic unmarried expectant mothers from the Sheffield area.

The Salvation Army Home, at Kenwood Park Road, admits various classes of cases, including homeless children, and girls who are lacking adequate control. The Sheffield Branch of Dr. Barnardo's Home also accepts homeless children.

DAY NURSERIES

"Of all the animals, the boy is the most unmanageable."—Plato (Laws)

The four Day Nurseries at Beet Street, Darnall, Firth Park and Meersbrook Park remained in use throughout the year 1956. Attendances were at a low level during the early part of the year but improved during the summer months. As a result of the increasing cost of maintaining a child in the Day Nurseries, the maximum daily charge was raised in September, 1956, and this led to the withdrawal of a small number of children. At the end of the year, although the number of children on the register had fallen by approximately ten per cent., the actual numbers in attendance were about the same as in the corresponding period of 1955.

Assessment of charges remained one of the problems during the year, largely owing to the difficulty and delay in obtaining accurate figures of the parents' income. The position was also complicated by the high rate of turnover of children entering the nurseries.

The children were examined regularly by doctors on the staff of the Department; there were no serious outbreaks of illness at any time during the year.

The average daily attendances in the Day Nurseries during each month of the year 1956 are given below:—

<i>Month</i>										<i>Average Number</i>
January	..	..	..	..	..	..	..	..	..	91
February	..	..	..	..	..	..	..	..	..	99
March..	..	..	..	..	..	..	..	..	..	87
April ..	..	..	..	..	..	..	..	..	..	81
May ..	..	..	..	..	..	..	..	..	..	106
June ..	..	..	..	..	..	..	..	..	..	111
July ..	..	..	..	..	..	..	..	..	..	117
August	..	..	..	..	..	..	..	..	..	85
September	..	..	..	..	..	..	..	..	..	109
October	..	..	..	..	..	..	..	..	..	102
November	..	..	..	..	..	..	..	..	..	105
December	..	..	..	..	..	..	..	..	..	96

The table which follows shows the number of children on the register at the end of the year, classified according to the reason for admission to the nurseries.

Reasons for Admission of Children to Day Nurseries—Week Ended 17th December, 1956

<i>Nursery</i>	<i>Parent Widow or Widower</i>	<i>Child Illegitimate</i>	<i>Sickness of either parent</i>	<i>Parent Divorced, Separated, Deserted</i>	<i>Living in Rooms</i>	<i>Both Parents Gainfully Employed</i>	<i>Mother's Confinement</i>	<i>Doctor's Advice</i>	<i>Other Reasons</i>	<i>Total</i>
Beet Street	3	8	2	14	—	19	5	3	1	55
Darnall	3	6	5	10	—	14	—	1	1	40
Firth Park	2	5	2	14	1	7	—	—	1	32
Meersbrook Park	—	5	3	5	—	11	—	2	—	26
TOTALS	8	24	12	43	1	51	5	6	3	153

	<i>Week ended</i>	<i>Number on Lists</i>
Number of children admitted to the Nurseries during the month ended 17th December, 1956	September 17th, 1956 ..	170
Number of children who have left the Nurseries during the month ended 17th December, 1956	June 18th, 1956 ..	166
Number of parents interviewed	March 19th, 1956 ..	152
	December 19th, 1955 ..	168

PROBLEM FAMILIES

By CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H.,
Assistant Maternity and Child Welfare Medical Officer

"Saying is one thing and doing is another."

—Michel de Montaigne (Essays).

We continue to help Problem Families to the best of our ability with the means at our disposal, and it is as well to keep the existence of a social-problem group in mind while we are congratulating ourselves on the "withering away" of the preventable physical diseases. The community has so far found itself unable to prevent these families or the social evils such as child neglect which they foster. They have resisted the civilising effect of full employment, good housing, educational facilities and the other blessings of the welfare state.

These families are characterised by parents and children who are mentally dull, mentally unstable or most commonly a combination of both. Intellectual dullness being a relative term, it is argued indisputably that many dull parents bring up their families very creditably. The handicap of dullness, giving a feeling of inferiority, like the more obvious physical handicaps has an effect on the character of the individual, superimposing a varying degree of maladjustment and instability on the defect of inborn intelligence. Thus a defective is doubly handicapped. Because this instability can be modified by the environment and is, therefore, to some extent subject to control, it has been suggested that it may well be less the level of intelligence and more the quality of the home environment in terms of standards of family life which determines whether a dull individual who marries is able to make a good parent or otherwise.

Any attempts to assess the intelligence of most Problem Family parents must be based on subjective judgment, but it seemed that it would be informative to review the families of those intellectually handicapped who were placed under statutory supervision on leaving school. This follow-up study is being limited to those who have married and are still under 50 years of age. Most defectives, especially if the defect is severe, do not marry. Many who might otherwise do so are shielded by their families from such a possibility occurring. Defectives, however, are not prevented from marrying and some do so.

These families were reviewed with the object of discovering what kind of households had arisen, and whether there was anything to be learned from them which could add to our understanding of the fundamentals of the Problem Family group.

For obvious reasons it is customary to discharge defectives on marriage, or before if they appear to be adjusting reasonably well to the community, and it is, therefore, not easy to retain contact. However, pending the collection of more complete information, certain broad deductions can be made. Of the families under review all have at least one parent who at one time or another was ascertained as a mental defective.

The most significant finding is that only a few of the families can be termed satisfactory—and in these there are only one or two children. A second striking finding is that the background of the defective parent was extremely poor intellectually and socially in two out of every three cases. This fact blurs any conclusions from this group as to the relative influence of nature and nurture but merely confirms what is already known, that there is a close link between intellectual dullness and social incapacity. The picture of the children shows a high proportion attending Special Schools, a high proportion permanently in the care of the Authority. A few are ineducable.

Although married defective parents form only a small group in the community, as do Problem Families, the latter without doubt includes most of the former, and it might well be that social histories followed from the present generation would show that the greatest common factor in the production of Problem Families is poor intellectual endowment. The terms “ simple ” and “ illiterate,” which appear so frequently in the records, may hide mental defect or may have been used because of the little schooling the parents received. Although some problem families still contrive to keep their children away from school for long periods, the wider application in recent years of methods of intelligence testing has made it possible to make accurate assessment of the causes of backwardness. Whatever the final conclusions in this present enquiry, there seems little grounds for complacency.

Since the tendency in the future will be to place fewer restrictions on defectives, it will be necessary to support any idealism regarding them with a willingness to accept the fact that we are still not yet fully organised to deal with the social problems they create, and to direct our efforts accordingly.

DENTAL SERVICES

Report of Mr. E. Copestake, L.D.S., Principal School Dental Officer, on the Dental Treatment provided in the School Health Service Dental Clinics for Pre-School Children, Expectant and Nursing Mothers and Mental Welfare Patients during 1956.

".....weeping and gnashing of teeth"—Matthew xxii, 13.

In 1956, a total of 174 three hour sessions were occupied in the treatment of mothers and pre-school children, compared with 119 sessions in 1955. This represents approximately 4 per cent. of the total number of sessions during which the school dental clinics were in use.

Patients are examined by medical officers of the Maternity and Child Welfare Service, who refer those who can be persuaded to visit the dental clinics. Of the 433 mothers and 145 pre-school children given appointments for examination and advice, only 324 mothers and 115 children kept the appointments made.

Pre-school Children.—It is reported that members of the staff generally find it difficult to persuade parents to take children under five for dental treatment, either to the school clinic or to a private practitioner, even though it is obvious that a child has two, three or more defective teeth. That parents are indifferent is shown by a recent inspection in a school typical of those in the industrial areas of Sheffield. Of children aged five, 47 were inspected and only two did not require the extraction of one or more teeth. These children should have received treatment some 12 to 18 months before commencing school life. Of 115 pre-school children attending the school clinics, 97 were treated by the extraction of 256 teeth, and the belief is held that many parents are driven to take their children for treatment only after they themselves are distracted by several nights of broken sleep resulting from children crying from toothache.

In one clinic a special attempt was made to persuade parents to consent to teeth being filled, and each parent was personally interviewed by the dental officer concerned. The result was that nine teeth were filled, but 71 unsavable teeth still had to be extracted for the 27 children treated. It was found that mothers generally objected to fillings. Some were working and unwilling to make more than one visit for extractions, and the behaviour of some children was found to be unsuitable for the filling of teeth.

Summary of Dental Treatment Provided—Pre-school Children
Numbers provided with dental care

<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
115	98	97	87

Forms of Dental Treatment provided

<i>Scalings and gum treatment</i>	<i>Fillings</i>	<i>Silver Nitrate treatment</i>	<i>Crowns or Inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures provided</i>		<i>Radio-graphs</i>
						<i>Full upper or lower</i>	<i>Partial upper or lower</i>	
—	10	—	—	256	103	—	—	3

Expectant and Nursing Mothers.—There was an increase towards the end of the year in the number of mothers attending for examination. It is apparent from the summary of treatment given below that these patients present mouths which have been neglected, and it is often observed that many young mothers actually received their last course of dental treatment when children at school. The number of badly decayed teeth present and the condition of the gum tissues made the extraction of all teeth and the provision of full dentures the only treatment which could be advised. Whereas, until recently, few mothers enquired as to whether or not a charge was made for dentures, such an enquiry is now more often made, indicating a need for reassurance that the service is free.

Not many years ago it was fashionable among those of good education and income to have teeth extracted and replaced by dentures. It is this section of the public who now insist upon their natural teeth being preserved for as long as possible, and those of lower incomes and educational standards neglect their teeth until a stage is reached when dentures must be fitted. Very few of the mothers now attending the dental clinics will accept fillings and indeed the majority are past the time when conservative or gum treatment would be of value to them.

As in previous years a considerable number of mothers have commenced a course of treatment which they have failed to complete. Of 1,238 appointments made for treatment, 331 were not kept and this resulted in a considerable wastage of time. Of the 1,780 teeth extracted, 356 were removed under local anaesthesia, and of the 266 general anaesthetics, 233 were administered by a medically qualified dental anaesthetist.

Summary of Dental Treatment Provided—Mothers

Numbers provided with dental care

<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
324	318	234	177

Forms of Dental Treatment provided

<i>Scalings and gum treatment</i>	<i>Fillings</i>	<i>Silver Nitrate treatment</i>	<i>Crowns or inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures provided</i>		<i>Radio-graphs</i>
						<i>Full upper or lower</i>	<i>Partial upper or lower</i>	
83	120	—	—	1,780	266	104	20	31

Provision of Dentures.—The dentures provided are all made in the dental laboratory of the School Dental Service. The two dental technicians employed are mainly concerned with the making of orthodontic appliances and dentures supplied to children. Should the numbers of dentures supplied to mothers increase to any great extent some additional laboratory facilities will have to be provided, or alternatively it may become necessary to contract out a proportion of the work to an outside dental laboratory.

Dental Service for Handicapped Children.—The children of 16 years and under at the Pitsmoor and 'The Towers' Occupation Centres were examined, and a summary of the work done appears below. The two kindergarten occupation centres were also visited, three children from the latter centres being treated in the Central Dental Clinic. The physical condition of the nine other kindergarten children requiring extractions was so poor that arrangements were made for treatment to be carried out in the Children's Hospital.

Summary of Dental Treatment Provided

<i>Number inspected</i>	<i>Number requiring treatment</i>	<i>Number offered treatment</i>	<i>Number accepting treatment</i>
108	50	35	27
<i>Temporary teeth extracted</i>	<i>Permanent teeth extracted</i>	<i>Number of general anaesthetics</i>	<i>Number of patients completing treatment</i>
62	43	23	27

Conclusion.—The number of pre-school children attending the dental clinics was less than in any previous year, and the number of mothers was greater than in any year since 1950. If the pre-school child is to be adequately cared for it appears that active steps must be taken to educate parents to appreciate the need for, and the benefit to be obtained from, dental treatment. From different surveys which have taken place in other parts of the country, it is evident that approximately 50 per cent. of the children about to enter school present four or more carious teeth. That very little of the treatment required is being carried out becomes apparent from the examination of children in their first year at school.

During the three years in which I have worked in connection with the treatment of mothers, pre-school children and those attending the occupation centres, I have often been delighted at the way in which members of the Public Health Department staff have offered their help, and this has been appreciated.

MIDWIFERY

By Miss D. E. TATE, S.R.N., S.C.M., Q.N.S., H.V. Cert.,
Non-Medical Supervisor of Midwives

"The pleasing punishment that women bear."

—William Shakespeare (The Comedy of Errors)

At the end of the year 1956, in the Municipal Domiciliary Midwifery Service, there were 48 Midwives (including two in a part-time capacity) directly employed by the Council, and one employed by the Jessop Hospital for Women under arrangements with the Council.

During the year, the Midwives attended 1,114 confinements at which the Midwife alone was booked, and of these the doctor was called in to assist with the actual birth in 15 cases. In addition, they attended 1,725 confinements at which the doctor was also booked. The corresponding figures for the year 1955 were 1,099 and 1,568 respectively.

The Midwives continued to attend the weekly ante-natal sessions held in their areas, and thus had the opportunity of seeing each week the patients booked to them. 1,815 attendances were made at these sessions and, in addition, home visits were carried out during the ante-natal period.

Nursing care of the mother and baby in regard to home confinements is carried out by the Midwives until the 14th day of the puerperium, and beyond this date where necessary. An arrangement is also in operation between the Hospitals and the Local Authority whereby all patients discharged home before the 14th day are notified to the Supervisor of Midwives and passed to the Domiciliary Midwife for care up to the 14th day in accordance with the requirements of the Central Midwives Board. 2,551 mothers were discharged under these arrangements during the year.

Visits are also made by the Midwives to the homes of expectant mothers in order to assess their suitability for home confinement. Reports are made in every case and forwarded to the Senior Maternity and Child Welfare Medical Officer before a decision is made as to where the confinement should take place. 3,683 visits were made for this purpose.

The following statement gives a summary of the visits made by the Midwives during the year 1956 :—

Home visits during the ante-natal period	..	..	..	..	11,010
Nursing visits during the 14 days after confinement	..	..	..	..	45,679
Nursing visits after the first 14 days	..	..	..	..	652
Visits to mothers confined in hospital and discharged home before the 14th day	..	..	..	..	5,439
Visits for the purpose of assessing suitability for home confinement					3,683
TOTAL	..	..	..	..	<u>66,463</u>

Relief in Childbirth.—All the Midwives directly engaged by the Council are qualified to administer analgesics and possess sets of apparatus for this purpose ; transport is available, whenever necessary, to carry the apparatus to the home of the patient. During the year 1956, the Midwives administered Gas and Air Analgesia, Trilene Analgesia and Pethidine as follows :—

Of the 739 confinements for which the doctor was booked and was present, Gas and Air Analgesia was administered in 621 cases, Trilene in 51 cases and Pethidine in 432 cases.

Of the 986 confinements for which the doctor was booked but was not present, Gas and Air Analgesia was administered in 750 cases, Trilene in nine cases and Pethidine in 483 cases.

Of the 1,114 confinements for which the Midwife alone was booked, Gas and Air Analgesia was administered in 780 cases, Trilene in 14 cases and Pethidine in 456 cases.

Breast Feeding.—Of the 2,839 confinements at which the Midwives were present during the year, 2,249 of the infants were wholly breast fed when the Midwife ceased attendance at the 14th day of life.

Medical Aid Calls.—There were 571 cases in which medical aid was summoned by Midwives during the year under Section 14(1) of the Midwives Act, 1918, as against 591 in 1955. Particulars of these calls are as follows :—

Condition occurring during Pregnancy	28
Condition occurring during Labour	336
Condition occurring during Puerperium	78
Condition occurring in respect of Infant	138
TOTAL	580

In nine cases medical aid was summoned on account of both mother and infant.

Maternity Packs.—Sterilised Maternity Outfits were supplied throughout the year for use at all home confinements.

Pupil Midwives.—29 pupil midwives received training during the year with the approved district teachers in preparation for the Part II Examination of the Central Midwives Board.

Post-graduate Courses.—Three Midwives attended resident courses during the year.

Domiciliary Care of Premature Infants.—This service, which commenced in 1952, was continued during the year, two Midwives being seconded to the work.

Eight sets of equipment to help in the nursing of these infants are available free of charge, each comprising of the following items :—

Cot, mattress, blankets and bedding, hot-water bottles, thermometers and feeding equipment.

Two Queen Charlotte Oxygen Tents are also available and, although oxygen has not yet been used on the district, the tents have proved useful incubators.

This equipment is housed at Firth Park Welfare Centre and transport is provided by the Ambulance Service.

The following statement gives a summary of the work carried out during the year 1956 by the midwives seconded to this work :—

Infants Born at Home

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
2 lbs. 8 ozs. and under	None	—	—	—
2 lbs. 9 ozs.— 3 lbs. 8 ozs.	1	Died same day	—	3
3 lbs. 9 ozs.— 4 lbs. 8 ozs.	10	4 removed to hospital	3 breast feeding 1 complementary feeding 2 artificial feeding	168
4 lbs. 9 ozs.— 5 lbs. 8 ozs.	38	2 removed to hospital 1 died same day	22 breast feeding 4 complementary feeding 9 artificial feeding	718

Infants Born in Hospital and Discharged to Care of Premature Unit

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
2 lbs. 8 ozs. and under	—	—	—	—
2 lbs. 9 ozs.— 3 lbs. 8 ozs.	2	—	2 breast feeding	12
3 lbs. 9 ozs.— 4 lbs. 8 ozs.	3	—	3 artificial feeding	18
4 lbs. 9 ozs.— 5 lbs. 8 ozs.	24	—	13 breast feeding 2 complementary feeding 9 artificial feeding	165

Further details in regard to the whole of the premature infants born in the City during 1956 may be found on page 121.

HEALTH VISITING

By MISS I. LITTLEWOOD, S.R.N., S.C.M., H.V. Cert., Superintendent
Health Visitor

"Mother is far too clever to understand anything she does not like."

—Arnold Bennett (The Title)

At the end of the year 1956, the staff of Health Visitors consisted of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor, two Superintendents of Infant Welfare Centres and 36 full-time qualified Health Visitors. In addition there were two Student Health Visitors, both of whom were taking the training course and will return to the Department on obtaining the Health Visitors' Certificate and remain for at least two years.

The Health Visitors are required to undertake visiting for the purpose of general supervision in connection with the care of expectant and nursing mothers and young children, and the service has been extended in recent years to include the general care and health education of the household as a whole ; special attention is being increasingly paid to the general care of old people. Their activities extend into the field of prevention of illness, and care and after-care for all members of the family. The welfare of young children is supervised at the discretion of the Health Visitor until the age of five years, when records are transferred to the School Health Service. Enquiries are made in connection with persons suffering from whooping cough, rheumatism, scarlet fever, poliomyelitis, measles and all other notifiable infectious diseases with the exception of the intestinal diseases.

Co-operation with Hospitals

Certain Health Visitors are attached to the hospital in their respective areas, and they visit the hospital Almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person likely to be discharged from hospital. In the case of a child, where the home conditions are unsuitable for immediate reception, discharge from hospital is delayed until satisfactory arrangements can be made. Information is given to the Health Visitor for the district in which the out-going patient lives, and she arranges for the necessary help to be given, e.g. services of a domestic help, beds, bedding and nursing equipment where necessary ; advice is also given on diet and other problems. Reports are sent to the Medical Officer of Health in cases of housing difficulties and in respect of matters which need to be referred to other Departments and outside Authorities.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patients to keep under regular supervision and continue with the necessary treatment. In addition to visiting for Sheffield hospitals, a small number of notifications of patients who are ready for discharge are

received from hospitals beyond the City boundary where the patient's home is in Sheffield, and there is close co-operation between the hospitals and the Health Visitors in order to decide whether or not the environmental conditions are suitable for the discharge of the patients. A report is sent to the hospital in all these cases.

Health Visitors are constantly in contact with General Practitioners in order to discuss difficulties which arise in connection with families on the district to whom it is thought some help can be given. There is reason for satisfaction with the progress made in this service and many medical practitioners now communicate with the Health Visitors personally. The Health Visitor also calls at the doctor's surgery when matters of emergency arise with regard to one of his patients, and occasionally the medical practitioner visits the home of the patient along with the Health Visitor in order to discuss difficult problems. Everything possible is being done to promote co-operation and assistance has been given to many families on the recommendation of the medical practitioner. It is hoped that, as the Health Visiting staff increases, even greater service will be rendered in this direction.

General Practitioners and Health Visitors

The Health Visitors are responsible for the home visits of patients suffering from tuberculosis, and they pay regular visits to the Chest Clinic in order to discuss with the medical staff any matters relating to the welfare of their cases. In addition, one Health Visitor calls at the Chest Clinic each day in order to keep close contact with any matters arising in respect of district cases. The Health Visitors carry out "follow up" work in connection with tuberculous patients, visit notified cases and arrange for contacts to attend the Chest Clinic, giving special attention to children. The Health Visitors have widened their field of enquiry beyond the immediate household of the "initial case." It has been gratifying to know that, by tactful approach to the "initial case" for permission to get in touch with other members of the family, many more contacts have been examined, and the children offered the necessary protection of B.C.G. vaccination.

Tuberculosis and B.C.G. Vaccination

Babies of tuberculous mothers are treated with B.C.G. vaccine and, where possible, arrangements are made for a suitable relative to take charge of the child for the necessary period of segregation. Every effort is made by the Department to arrange for the babies to remain in the care of their own families but, where this is impossible, foster-parents are employed for the segregation period or the child is placed in a residential nursery (see page 154).

These babies are closely supervised by the Superintendent and Deputy Superintendent Health Visitor.

In co-operation with the Department of Child Health of the Sheffield University and the Children's Hospital, the Health Visitors visit homes and apply a skin test to children up to three years of age, who are contacts of notified tuberculosis.

Parents who have been in contact with cases of tuberculosis outside their immediate household have also been encouraged to accept examination and B.C.G. vaccination for their children, and this work has been done at the Children's Hospital. Skin testing and "follow-up" work have also been carried out in connection with the B.C.G. vaccination of newly born babies of non-tuberculous parents, at the Jessop Hospital. Health Visitors attend for two sessions per week at the Children's Hospital and one session at the Jessop Hospital.

The scheme in connection with the B.C.G. vaccination of school leavers, inaugurated in November, 1954, on the recommendation of the Ministry of Health, has continued to work satisfactorily throughout the year. In January, 1957, the scheme was extended to include school entrants. One of the medical staff of the Maternity and Child Welfare Centre has carried out the investigations and B.C.G. vaccination of school children in the year prior to leaving school by arrangement with the Principal School Medical Officer. The Health Visitors are in attendance at the school with the medical officer when vaccination is carried out, and they also do the "follow-up" work. A full account of the operation of the scheme is given on page 137.

Immunisation and Vaccination

Diphtheria immunisation has been carried out for a number of years at the various infant clinics and in May, 1954, the service was extended to include immunisation against diphtheria and whooping cough (combined antigen), and also against whooping cough alone where diphtheria immunisation had been previously undertaken. In October, 1956, triple antigen for immunisation against diphtheria, whooping cough and tetanus was introduced. The Health Visitors carried out considerable educational work amongst the mothers in their respective districts in order to popularise these immunisation courses, and it is gratifying to know that the mothers have responded well to the efforts of the staff.

The Health Visitors also encourage the mothers to have their babies vaccinated against smallpox and appointments are made for this to be carried out at the various Child Welfare Centres. Vaccination against poliomyelitis is also carried out at several of the centres and a Health Visitor is in attendance with the Doctor at these sessions.

Accidents in the Home

Reports are regularly received from the City hospitals of burns, scalds and other accidents occurring in the home, which have been treated at the out-patients' department or in hospital. The Health Visitors visit the children who are under five years of age, and all the old people over

65 years : enquiries are made into the circumstances of the accidents, and advice is given in regard to their prevention and the safeguarding of the children. As far as the old people are concerned, investigations are made as to whether housing conditions are responsible, whether hand rails are provided on the stairs, whether there are lighting defects which can be adjusted, or whether there is any other obvious condition in the home which may be responsible for an accident. Fire guards have been provided in some cases where there is danger of an old person falling into the fire.

The statement below has been compiled from reports received in the Department during the year from the Royal Hospital, the Children's Hospital and, from November, 1956, the City General Hospital. It shows by age groups the number of cases of scalds, burns and other accidents in the home treated at the casualty departments of these three hospitals during the year 1956.

Type of Accident	Number of Cases reported					At all Ages
	In Age Groups					
	0—4 years	5—14 years	15—44 years	45—64 years	65 years and over	
Burns	79	21	3	2	—	105
Scalds :—						
Hot Tea	28	5	—	—	—	33
Kettles	6	8	3	2	1	20
Others and unspecified	37	16	4	4	1	62
Falls :—						
Down stairs ..	32	18	25	21	13	109
Other Falls ..	112	17	3	12	2	146
Cuts and Lacerations ..	14	8	2	2	—	26
Swallowing Drugs or Poisons	43	4	—	—	—	47
Swallowing foreign bodies	8	4	—	—	—	12
Accidents caused by Wringing Machines ..	15	4	2	6	1	28
Trapping of hands in windows, doors, etc.	1	4	3	6	1	15
Miscellaneous	18	5	6	3	1	33
TOTALS	393	114	51	58	20	636

Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children, are investigated by the Health Visitors, and such cases are kept under regular supervision. Information received is confidential and, as knowledge of the nature of the work becomes widespread, more cases are revealed to the Department. During the year, co-operation has been received from the Inspectors of the National Society for Prevention of Cruelty to Children, and much valuable information has been exchanged at the Co-ordinating Committee's meetings which are attended by the Deputy Medical Officer of Health and the Deputy Superintendent Health Visitor.

Welfare of Children

There is co-operation between the Health Visitors and Voluntary Services in respect of problems which are discovered from time to time and for which help can be rendered by one or other of the Services.

*Care of the
Aged*

During the year, many requests have again been received for help from, and in connection with, people suffering from old age and infirmity ; these requests come from various sources, e.g., General Practitioners, clergy, voluntary societies, National Assistance Board Officers, relatives and neighbours. Every case is visited by a Health Visitor and, where possible, help is given. On many occasions the Health Visitor calls in the medical practitioner and discusses a case with him. Where hospital admission is necessary in the case of the aged, a report setting out the difficult social problem will often accelerate admission. In cases of illness, it may be possible to provide a Domestic Help. Where help is granted to an aged person, such person is kept under regular supervision if necessary.

In many cases, with the co-operation of the general practitioner, it has been possible to arrange for convalescent treatment. At times it has been necessary to contact relatives in various parts of the country in connection with an old person whose condition has deteriorated.

In the course of duty, considerable help has been received from the National Assistance Board officials in the supply of bedding, clothing and money grants where special diet was necessary. It has always been found that these officers were anxious to help to the fullest possible extent.

During the year the close co-operation between the Geriatric Unit at Fir Vale Infirmary and this Department has continued to work satisfactorily. Each month a case conference is held which is attended by a representative of the Social Care Department, the Medical Officer in charge of the Unit, the Ward Sister, the Almoner and Health Visitors. All cases considered fit for discharge home are reviewed, and the home conditions are investigated by the Health Visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding that, should deterioration take place, immediate re-admission can be arranged. In the investigation of the homes, frequently several visits have to be paid in order to interview responsible relatives, and at times it is difficult to persuade the relatives that it is to the advantage of an old person to be discharged to his own home. In a considerable number of cases it has been impossible to get a relative to take responsibility for an old person, and it has been necessary to give the service of a Domestic Help.

The homes of many old people have been cleaned in preparation for their return from hospital. In some cases the house had been closed for many months and it was necessary for the Domestic Help Service to clean,

heat and generally prepare the house before arrangements could be made for the patient to return home. It has sometimes been necessary to replace beds and arrange for the purchase of bedding before the patient could be discharged from hospital. On a number of occasions the Domestic Help has had to remain at the house to await the return of the patient on the day of discharge.

In the course of work amongst the aged it is found that some old people, especially those living alone, are incapable of taking a bath. In such cases arrangements can be made through the Department for a male or female attendant to visit weekly to give assistance. When people requiring this service are mobile, arrangements can be made for a bath at the cleansing station, and during the year a few people have been transported by ambulance car for this purpose. It is not considered necessary for a trained nurse to attend these cases ; the work of the attendants has been satisfactory and fills a need.

A scheme is in force whereby medical and social science students at the Sheffield University, state enrolled nurses and student nurses from the various hospitals in the City, and students undertaking the administrative course for nurses at the Royal Hospital and Royal Infirmary, are given information regarding the work of Health Visitors at the Maternity and Child Welfare Centres and on the district. Some of the students accompany the Health Visitors on their rounds to enable them to gain an insight into the living conditions of people in their own homes. Medical students attend the Maternity and Child Welfare Centre, Orchard Place, monthly for talks on administration in connection with the services administered at the Maternity and Child Welfare Centres. Other talks and discussions are also arranged for the various students on subjects relating to their studies. The Superintendent Health Visitor attends the School of Nursing in order to give lectures, and arranges observation visits to Maternity and Child Welfare Centres and the district nurses' home. She also arranges group discussions with the persons responsible for the supervision of these services. The Deputy Superintendent Health Visitor gives talks to first year nursing students at the City General Hospital, and a Health Visitor attends group discussions at the City General Hospital which are held three monthly. In addition, requests are received from time to time from other persons interested in welfare work who represent various associations, and every endeavour is made to assist wherever possible.

*Training of
Nurses and
Students*

A number of talks and demonstrations on maternity and child welfare work have been given by the Health Visitors at Totley Training College in Housecraft.

Health Education has been introduced at several more clinic centres during the year and full advantage has been taken of the films on accidents, general care of the young and old, and other matters of interest. In addition, the Health Visitors have been responsible for talks, many of which have been given in the evening, to groups of people such as mothers' clubs, girl guides, women's guilds, church organisations, etc.

Other Work

During the year there has been co-operation with the Venereal Disease Centre. On receipt of information from the Centre regarding defaulters, the Deputy Superintendent Health Visitor calls on patients in their own homes and advises them in the hope that they can be persuaded to continue attendance at the clinics. This "follow up" work has been very gratifying in that a large proportion of patients have been successfully persuaded to return to the clinic.

The Health Visitors also give assistance to the School Health Service by visiting cases of scabies and families in verminous condition, which are reported from time to time to the Medical Officer of Health.

All applications which do not conform with the usual requirements for admission to the Department's Nurseries, *i.e.*, that the mother is working, are submitted to the Supervisory Matron of Nurseries, and the Health Visitor provides a report in regard to the home circumstances and the need for the admission of the children to the Nurseries. Many children of "problem families" have been taken into the day nurseries for care at the request of Health Visitors when attempts at rehabilitation of the family have been made.

The Health Visitors have attended lectures and refresher courses which have been held from time to time throughout the year on various aspects of their work ; as many as possible have also been allowed to attend, on rota, the post graduate lectures which are held monthly at the City General Hospital. In addition they attend a course of lectures held at the Sheffield University, Department of Social and Industrial Medicine, on various subjects of interest in connection with their work. Invitations are also received periodically when lectures of special interest to Health Visitors are to be given. Five of the Health Visitors attended the refresher course held at Oxford ; and one attended the Central Council of Health Education Course at Stoke Rochford.

Arrangements are in operation for the loan of scales in cases where a baby is in need of test feeding ; the scales are transported to the mother's

home by this Department, and the Health Visitor calls to instruct the mother in their use.

During the year the Superintendent Health Visitor has continued to serve on the " Case Committee " of the Family Service Unit dealing with problem families, and liaison between the Health Visitors and the Family Service Unit has continued. Arrangements have been made for domestic help to be given to certain problem families which have been under the supervision of the Family Service Unit, with a view to assisting in rehabilitation. It has also been possible to arrange for convalescent treatment for mothers in some of these families, and children have been taken into the care of the day nurseries.

During 1956, Mothercraft Classes were held at six of the Maternity and Child Welfare Centres, namely, Orchard Place, Firth Park, Manor, Hillsborough, Woodhouse and Burngreave Centres, on one afternoon each week.

The classes consisted of talks to expectant mothers on diet, the layette, personal and oral hygiene, matters relating to the birth of the baby and preparation of the home for the confinement, breast feeding and management of the baby : relaxation classes also were held.

There have also been classes for mothers of young children, and the subjects dealt with were :—baby's daily routine, care of the baby's skin, rest and exercise, breast and bottle feeding and their problems, vaccination and immunisation including B.C.G. vaccination, baby's mental and physical development, safety in the home, choice of footwear, growth of personality, problems of discipline, attitude of parents to children, choice of toys and play, minor physical upsets, and nursing of children with infectious diseases. In addition, a number of film strips and projected sound films on health education have been shown.

Every effort is being made to extend the Mothercraft classes to other clinics in the coming year.

The following shows attendances at these classes :—

<i>Centre</i>									<i>Total Attendances</i>
Orchard Place	..	..	..	..	..	..	..	..	256
Firth Park	..	..	..	..	..	..	..	..	709
Manor	..	..	..	..	..	..	..	..	901
Hillsborough	..	..	..	..	..	..	..	..	394
Woodhouse	..	..	..	..	..	..	..	..	147
Burngreave	..	..	..	..	..	..	..	..	255
TOTAL									<u>2,662</u>

In addition to the above services the Health Visitors attend clinics which are held for mothers and children at the nineteen Maternity and Child Welfare Centres. During the year 1956, they made an aggregate of 9,369 attendances at infant, ante-natal, post-natal and other clinics in the Maternity and Child Welfare Services ; this figure also includes attendances at B.C.G. school sessions, medical examination of adults, hospital sessions in connection with children, Chest Clinic sessions, visits to hospital almoners, etc. The Superintendent Health Visitor or her deputy attended 33 meetings of various kinds in connection with the welfare of children or old people.

During the year, a total of 62,780 visits was paid by Health Visitors, making an average of more than 200 visits per day. A summary of these visits is given in the table which follows :—

TABLE XXIII.—Summary of Visits of Health Visitors during the year 1956

					<i>Number of Visits</i>	
Infants under 1 year—First Visits	..	..	..	7,875	
Subsequent Visits		..	..	11,107	
				<hr/>	18,982	
Infants between 1 and 5 years of age	..	..	..	..	27,146
Children over 5 years of age	..	..	..	..	467
Acute Rheumatism	..	..	..	..	2
Scabies	..	..	..	..	48
Whooping Cough	..	..	..	..	864
Ophthalmia Neonatorum	..	..	..	..	—
Measles	..	..	..	..	127
Scarlet Fever	..	..	..	..	566
Pneumonia	..	..	..	..	326
Poliomyelitis	..	..	..	..	95
Meningitis	..	..	..	..	64
Erysipelas	..	..	..	..	66
Venereal Disease	..	..	..	..	90
Typhoid	..	..	..	..	118
Other infectious diseases	..	..	..	..	27
Ex-Hospital Cases <i>re</i> After-Care	..	..	..	..	642
Expectant Mothers—First Visits	..	..	..	349	
Subsequent Visits	..	..	..	80	
				<hr/>	429	
Post-Natal Cases	..	..	..	..	158
Puerperal Pyrexia	..	..	..	..	8
Tuberculosis—Pulmonary	..	..	..	4,099	
Non-Pulmonary	..	..	..	359	
				<hr/>	4,458	
B.C.G. Reactors	..	..	..	..	422
Jelly Tests	..	..	..	..	573
Immunisation Visits	..	..	..	..	165
Domestic Help Service	..	..	..	..	2,248
Old People	..	..	..	..	2,729

Visits in regard to :—

Investigation of Infant Deaths	..	..	..	..	..	37
Home Conditions	..	..	..	..	..	153
Handicapped Persons	..	..	..	..	..	234
Problem families	..	..	..	..	..	714
Accidents in the Home	..	..	..	..	..	45
Other Reasons	..	..	..	..	..	777
TOTAL						62,780

In addition, the Health Visitors paid 8,048 ineffectual visits during the year.

Ophthalmia Neonatorum.—There were eight notifications of Ophthalmia Neonatorum during the year 1956, and it is gratifying to report that the vision was unimpaired in all cases following the treatment given. The visiting of these patients has now been transferred to the Domiciliary Midwifery Service.

Care of Premature Infants.—With a view to obtaining immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the Health Visitors so that special attention may be given.

During 1956, 128 premature infants were born alive at home and 369 were born alive in hospital or nursing home to Sheffield residents. 18 small or feeble infants were transferred from home to hospital. There was a slight increase in the number of premature infants born in 1956 compared with the preceding year. The rate of survival of very small immature infants is very poor ; of the 67 infants weighing 3 lbs. 4 ozs. or less at birth, only 20 were alive at the end of the 28 day period. 36 deaths were classified as prematurity and in 11 cases there was an additional lesion which contributed directly to the cause of death. Details of these 11 cases are as follows :—

Prematurity associated with cerebral haemorrhage	..	..	..	1
Prematurity and atelectasis	..	..	..	5
Prematurity and hyaline membrane disease	..	..	..	3
Prematurity, cerebral haemorrhage and hyaline membrane disease	..	..	..	1
Prematurity, congenital heart disease and ventricular septal defect	..	..	..	1

During the year there were 100 premature stillborn babies to Sheffield residents in all weight groups ; 84 children were born in hospital and 16 were born at home. This number shows a slight increase compared with the premature stillbirths for 1955, when there were 94, of which

number, 83 were born in hospital, and 11 at home. The details are as follows in the various weight groups for 1956 :—

<i>Weight at Birth</i>	<i>Born in Hospital</i>	<i>Born at Home</i>	<i>Born in Nursing Home</i>	<i>Total</i>
3 lbs. 4 ozs. or less	44	6	—	50
Over 3 lbs. 4 ozs.—4 lbs. 6 ozs.	24	2	—	26
Over 4 lbs. 6 ozs.—4 lbs. 15 ozs.	3	1	—	4
Over 4 lbs. 15 ozs.—5 lbs. 8 ozs.	13	4	—	17
Not weighed	—	3	—	3
TOTALS	<u>84</u>	<u>16</u>	<u>—</u>	<u>100</u>

Information is given in the statement below regarding the 497 premature babies born in 1956 to mothers who were resident in the City.

	<i>Born at Home</i>	<i>Born in Hospital or Nursing Home</i>
Died in first 24 hours	7	53
Died on 2nd to 7th day	7	15
Died on 8th to 28th day	—	4
Survived 28 days	114	297
TOTALS	<u>128*</u>	<u>369</u>

* Of the 128 babies born at home, 110 were nursed entirely at home and 18 were transferred to Hospital.

Of the 18 transferred to Hospital, none died during the first 24 hours, two died on the 2nd to 7th day and 16 survived 28 days.

Further information is given in the following tables with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1956 and during the past eight years.

TABLE XXIV.—Premature Babies born alive to Sheffield Residents during the Year 1956

	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Not weighed	Total
Born at Home	9	18	23	75	3	128
Born in Hospital or Nursing Home ..	58	63	91	154	3	369
Grand Total—Premature Babies ..	67	81	114	229	6	497
Died in First 24 hours						
Born at home	6	—	—	1	—	7
Born in hospital or nursing home	32	9	6	6	—	53
	38	9	6	7	—	60
Died on 2nd to 7th day						
Born at home	2	—	1	2	2	7
Born in hospital or nursing home	6	6	—	2	1	15
	8	6	1	4	3	22
Died on 8th to 28th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home	1	—	1	1	1	4
	1	—	1	1	1	4
Total who died during first 28 days						
Born at home	8	—	1	3	2	14
Born in hospital or nursing home	39	15	7	9	2	72
	47	15	8	12	4	86
Total who survived 28 days						
Born at home	1	18	22	72	1	114
Born in hospital or nursing home	19	48	84	145	1	297
	20	66	106	217	2	411

Percentages of those born at home who died during the first 28 days 88.9% (8) — 4.3% (1) 4% (3) 66.7% (2) 10.9% (14)

Percentage of those born in hospital or nursing home who died during the first 28 days 67.2% (39) 23.8% (15) 7.7% (7) 5.8% (9) 66.7% (2) 19.5% (72)

Percentage of all premature babies who died during the first 28 days 70.1% (47) 18.5% (15) 7.9% (8) 5.2% (12) 66.7% (4) 17.3% (86)

Total Live Births to Sheffield Residents Notified during 1956 6,895	Number of Premature Births 497	Percentage of Premature Births to Total Live Births 7.21%
Total Still Births to Sheffield Residents Notified during 1956 154	Number of Premature Births 497	Percentage of Total Still Births to Premature Births 30.99%

67 (0.97%) of all live births weighed 3 lbs. 4 ozs. or less.

81 (1.17%) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

114 (1.65%) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

229 (3.32%) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.

TABLE XXV.—Premature Babies born alive to

Weight at Birth	Total	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	BORN IN HOSPITAL OR NURSING			
						Total	Survived 28 days	Died under 28 days	Result not known
1949									
Up to 2 lb. 8 oz.	39	1	38	—		32	1	31	—
2 lb. 9 oz.—3 lb. 8 oz. . .	50	18	32	—		37	13	24	—
3 lb. 9 oz.—4 lb. 8 oz. . .	102	81	21	—		70	60	10	—
4 lb. 9 oz.—5 lb. 8 oz. . .	307	288	19	—		192	175	17	—
TOTAL	498	388	110	—	77.9	331	249	82	—
1950									
Up to 2 lb. 8 oz.	29	2	27	—		26	2	24	—
2 lb. 9 oz.—3 lb. 8 oz. . .	48	25	23	—		39	20	19	—
3 lb. 9 oz.—4 lb. 8 oz. . .	114	91	23	—		81	64	17	—
4 lb. 9 oz.—5 lb. 8 oz. . .	321	302	19	—		214	203	11	—
Weight not stated	3	1	2	—		—	—	—	—
TOTAL	515	421	94	—	81.7	360	289	71	—
1951									
2 lb. 3 oz. or less	15	—	15	—		12	—	12	—
Over 2 lb. 3 oz.—3 lb. 4 oz. .	31	16	15	—		24	13	11	—
Over 3 lb. 4 oz.—4 lb. 6 oz. .	89	68	21	—		72	57	15	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	110	93	17	—		82	69	13	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	232	220	11	1		133	125	8	—
Weight not stated	1	—	1	—		—	—	—	—
TOTAL	478	397	80	1	83.1	323	264	59	—
1952									
2 lb. 3 oz. or less	14	1	13	—		13	1	12	—
Over 2 lb. 3 oz.—3 lb. 4 oz. .	30	15	15	—		28	15	13	—
Over 3 lb. 4 oz.—4 lb. 6 oz. .	92	75	17	—		75	59	16	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	106	97	9	—		80	72	8	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	227	214	12	1		165	156	8	1
Not weighed	3	—	3	—		—	—	—	—
TOTAL	472	402	69	1	85.2	361	303	57	1
1953									
3 lb. 4 oz. or less	49	14	35	—		42	10	32	—
Over 3 lb. 4 oz.—4 lb. 6 oz. .	93	75	18	—		79	62	17	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	110	101	9	—		91	83	8	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	222	213	9	—		154	146	8	—
TOTAL	474	403	71	—	85.0	366	301	65	—
1954									
3 lb. 4 oz. or less	49	14	35	—		46	13	33	—
Over 3 lb. 4 oz.—4 lb. 6 oz. .	97	80	17	—		79	65	14	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	104	95	9	—		83	77	6	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	239	232	7	—		159	154	5	—
Not weighed	1	—	1	—		1	—	1	—
TOTAL	490	421	69	—	85.9	368	309	59	—
1955									
3 lb. 4 oz. or less	68	21	47	—		58	17	41	—
Over 3 lb. 4 oz.—4 lb. 6 oz. .	81	68	13	—		69	59	10	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	95	87	8	—		73	65	8	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	232	225	7	—		160	153	7	—
TOTAL	476	401	75	—	84.2	360	294	66	—
1956									
3 lb. 4 oz. or less	67	20	47	—		58	19	39	—
Over 3 lb. 4 oz.—4 lb. 6 oz. .	81	66	15	—		63	48	15	—
Over 4 lb. 6 oz.—4 lb. 15 oz.	114	106	8	—		91	84	7	—
Over 4 lb. 15 oz.—5 lb. 8 oz.	229	217	12	—		154	145	9	—
Not weighed	6	2	4	—		3	1	2	—
TOTAL	497	411	86	—	82.5	369	297	72	—
Total for years 1949–1956 . .	3,900	3,244	654	2	83.2	2,838	2,306	531	1

NOTE.—During the years 1951 and 1952, the weights at birth are shown in five groups as compared

Sheffield Residents, Years 1949-1956

HOME		BORN AT HOME										
% survived 28 days	Total born at Home	Nursed entirely at Home	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	Born at home and transferred to Hospital	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	
	7 13 32 115	7 8 23 109	— 2 17 107	7 6 6 2	— — — —		— 5 9 6	— 3 4 6	— 2 5 —	— — — —		
75·2	167	147	126	21	—	85·7	20	13	7	—	65·0	
	3 9 33 107 3	— 8 22 101 1	— 5 20 94 —	— 3 2 7 1	— — — — —		3 1 11 6 2	— — 7 5 1	3 1 4 1 1	— — — — —		
80·3	155	132	119	13	—	90·2	23	13	10	—	56·5	
	3 7 17 28 99 1	2 1 11 21 91 1	— 1 8 21 90 —	2 — 3 — — 1	— — — 1 —		1 6 6 7 8 —	— 2 3 3 5 —	1 4 3 4 3 —	— — — — — —		
81·7	155	127	120	6	1	94·5	28	13	15	—	46·4	
	1 2 17 26 62 3	— 1 13 24 57 2	— — 12 24 53 —	— 1 1 — 4 2	— — — — — —		1 1 4 2 5 1	— — 4 1 5 —	1 1 — 1 — 1	— — — — — —		
83·9	111	97	89	8	—	91·8	14	10	4	—	71·4	
	7 14 19 68	5 7 17 66	2 7 16 66	3 — 1 —	— — — —		2 7 2 2	2 6 2 1	— 1 — 1	— — — —		
82·2	108	95	91	4	—	95·8	13	11	2	—	84·6	
	3 18 21 80	1 11 18 77	— 11 17 76	1 — 1 1	— — — —		2 7 3 3	1 4 1 2	1 3 2 1	— — — —		
84·0	122	107	104	3	—	97·2	15	8	7	—	53·3	
	10 12 22 72	6 6 20 69	4 5 20 69	2 1 — —	— — — —		4 6 2 3	— 4 2 3	4 2 — —	— — — —		
81·7	116	101	98	3	—	97·0	15	9	6	—	60·0	
	9 18 23 75 3	7 13 18 70 2	— 13 17 68 —	7 — 1 2 2	— — — — —		2 5 5 5 1	1 5 5 4 1	1 — — 1 —	— — — — —		
80·5	128	110	98	12	—	89·1	18	16	2	—	83·3	
81·3	1,062	916	845	70	1	92·2	146	93	53	—	63·7	

with four in other years.

HOME NURSING

" Give me your hand and let me feel your pulse."

—William Shakespeare (The Comedy of Errors).

The arrangements of the City Council for the provision of a Home Nursing Service, as required by the National Health Service Act, 1946, continued to work satisfactorily during the year 1956.

The whole of the Home Nursing Service in the City is under the direct administration of the Council. There are two principal Nurses' Homes—the Johnson Memorial Home and the Princess Mary Home—together with five subsidiary homes situated in the Handsworth, Manor, Woodhouse, Intake and Darnall areas. These homes cover the whole area of the City.

The two principal homes are " Key " training centres, i.e., they are recognised by the Queen's Institute of District Nursing as centres for a full course of training. All candidates must be State Registered Nurses ; in practice some are also State Certified Midwives or hold the Health Visitors' Certificate. The training for district work is of four or six months' duration according to whether or not the candidate holds the additional Certificate of the Central Midwives Board and, if successful in passing the examination on the completion of the course, the candidate is entered upon the roll of Queen's Nurses. During the year under report 13 candidates undertook the course of training and all were successful.

Authority has been given by the Council for the attendance at refresher courses of four Home Nurses during any one year. During 1956, the Superintendent of the Princess Mary Nurses' Home attended the Standing Conference of Training Home Superintendents and two nurses attended a refresher course.

The Home Nursing Service is completely integrated into the other branches of the health services. A close liaison exists between the nurses, general practitioners, hospitals, health visitors and other services such as Care and After-Care, Domestic Help, etc.

Since the introduction of the National Health Service Act, the number of cases referred to the home nurses has increased considerably, and it is interesting to compare the work carried out in Sheffield during 1949 (the first full year of operation following the inception of the Act) with that carried out in 1956. In 1949, the nurses attended a total of 4,782 cases as compared with 7,510 in the year under report. The principal reason for this increase appears to be the much greater use of the services of the nurses in giving injections at home. In 1949, there were 489 cases treated with

various injections as compared with 3,468 in 1956—a rise of 2,979. The causes of this are twofold—(a) the increasing use of injection therapy and (b) the treatment at home of patients who would previously have been admitted to hospital or attended as out-patients. In many cases, these treatments are carried out with make-shift and inadequate facilities but, nevertheless, a high standard of technique is maintained.

At 31st December, 1956, there were 76 District Nurses—34 full-time and 42 part-time—employed by the City Council. The work carried out by these nurses during the year is summarised as follows :—

Number of cases on the Register at 1st January, 1956	..	..	1,780
Number of new cases attended by the nurses during the year	..	..	5,730
Total number of cases attended by the nurses during the year	..	..	7,510
Number of cases removed from the Register during the year	..	..	5,574
Number of cases on the Register at 31st December, 1956	..	..	1,936
Number of visits made by the nurses during the year	..	..	191,355

The 7,510 cases nursed during 1956 were referred by the following :—

Medical Practitioners	..	..	..	..	..	..	..	..	5,945
Hospitals	..	..	..	..	..	..	..	..	1,054
Personal Application at Nurses' Homes	..	..	..	..	..	..	..	..	411
Maternity and Child Welfare Centres	..	..	..	..	..	..	..	..	69
Personal Applications at the Home Nursing Centre	..	..	..	..	..	..	..	..	31
TOTAL	..	..	..	..	..	..	..	..	7,510

These cases may be classified as under :—

Medical	..	..	..	..	..	..	..	..	6,507
Surgical	..	..	..	..	..	..	..	..	765
Gynaecological	..	..	..	..	..	..	..	..	173
Maternity	..	..	..	..	..	..	..	..	65
TOTAL	..	..	..	..	..	..	..	..	7,510

The types of nursing carried out were as follows :—

Injections	..	..	..	..	..	..	..	..	3,468
General Nursing Care	..	..	..	..	..	..	..	..	2,121
Enemas	..	..	..	..	..	..	..	..	596
Dressings	..	..	..	..	..	..	..	..	591
Preparation for diagnostic investigation	..	..	..	..	..	..	..	..	375
Bed Baths	..	..	..	..	..	..	..	..	195
Washouts, douches, catheters, etc.	..	..	..	..	..	..	..	..	74
Changing of Pessaries	..	..	..	..	..	..	..	..	66
Others	..	..	..	..	..	..	..	..	24
TOTAL	..	..	..	..	..	..	..	..	7,510

Of the patients nursed, there were 4,038 (53·8 per cent.) who were aged 65 years or over.

The following Table gives a summary of the cases nursed, classified according to illness, sex and age-group.

TABLE XXVI.—Summary of Cases Nursed during 1956, classified according to Illness nursed, Sex and Age Group

Illness Nursed	ALL AGES		0—4 years		5—14 years		15—44 years		45—64 years		65+ years	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Tuberculosis	35	36	2	2	—	2	18	23	10	7	5	2
2. Other infectious diseases including :— common childhood fevers (measles, etc.), food poisoning, dysentery, venereal diseases, erysipelas, poliomyelitis, herpes zoster Excluding :— influenza, pneumonia, gastro-enteritis	8	11	2	2	1	1	—	3	3	3	2	2
3. Parasitic diseases including :— worms, scabies, pediculosis	—	5	—	—	—	2	—	3	—	—	—	—
4. Malignant and lymphatic neoplasms ..	205	286	—	—	—	2	13	16	84	108	108	160
5. Asthma	21	16	—	—	1	—	2	3	10	3	8	10
6. Diabetes mellitus	44	298	—	—	—	—	—	9	12	72	32	217
7. Anaemias	47	304	—	—	—	1	3	39	15	73	29	191
8. Vascular lesions of the central nervous system	194	336	—	—	—	—	1	1	66	75	127	260
9. Other mental and nervous diseases includ- ing :— psychosis, melancholia, senile dem- entia, psychoneurosis, neurosis, anxiety, alcoholism, drug addiction, mental defici- ency, disseminated sclerosis, paralysis agitans, spastic paralysis, long-standing hemiplegia, epilepsy, progressive muscular atrophy, neuralgia, neuritis, sciatica ..	20	50	—	—	—	1	5	9	8	23	7	17
10. Diseases of the eye	2	14	1	2	—	—	—	—	—	1	1	11

TABLE XXVI.—Continued

<i>Illness Nursed</i>	<i>ALL AGES</i>		0—4 years		5—14 years		15—44 years		45—64 years		65+ years	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
11. Diseases of the ear	34	35	13	11	14	11	5	9	—	3	2	1
12. Diseases of the heart and arteries ..	583	766	—	—	—	—	18	38	230	230	335	498
13. Diseases of the veins.. .. .	20	63	—	—	—	—	2	8	5	14	13	41
14. Upper respiratory diseases including :— common cold, acute sinusitis, acute tonsillitis, influenza	71	86	6	6	9	10	37	57	11	7	8	6
15. Other respiratory diseases including :— pneumonia, bronchitis, empyema, pleurisy (except tuberculosis, No. 1), congestion of lung, bronchiectasis	531	490	5	8	13	7	59	75	256	184	198	216
16. Constipation	196	337	5	5	3	13	18	25	39	81	131	213
17. Other diseases of the digestive system including :— disorders of teeth, tongue and mouth, gastric, duodenal and peptic ulcer, gastritis, appendicitis, hernia, intestinal obstruction, gastro-enteritis, fissure in ano, cirrhosis of liver, cholecystitis, gall-stones ..	367	460	1	3	8	10	83	108	176	218	99	121
18. Diseases of the urinary system and male genital organs	126	103	1	—	—	—	9	9	23	64	93	30
19. Diseases of the breast and female genital organs	—	205	—	—	—	2	—	58	—	38	—	107
20. Complications of pregnancy and the puerperium	—	65	—	—	—	—	—	65	—	—	—	—

TABLE XXVI.—Continued

<i>Illness Nursed</i>	<i>ALL AGES</i>		<i>0—4 years</i>		<i>5—14 years</i>		<i>15—44 years</i>		<i>45—64 years</i>		<i>65+ years</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
21. Diseases of skin and subcutaneous tissues ..	121	206	1	1	3	4	23	43	29	71	65	87
22. Diseases of bones, joints and muscles ..	30	75	—	—	1	1	3	5	10	12	16	57
23. Injuries	55	131	3	4	7	4	10	13	12	21	23	89
24. Senility	121	250	—	—	—	—	—	—	—	—	121	250
25. Congenital Malformations	7	4	6	4	—	—	1	—	—	—	—	—
26. Amputations	6	10	—	—	—	—	—	1	2	2	4	7
27. Ill-defined diseases or disabilities	10	14	—	—	—	—	1	—	1	4	8	10
TOTALS ACCORDING TO SEX AND AGE GROUPS ..	2,854	4,656	46	48	60	71	311	620	1,002	1,314	1,435	2,603
TOTALS IN AGE GROUPS ..	7,510		94		131		931		2,316		4,038	

VACCINATION AND IMMUNISATION

" He jests at scars that never felt a wound."

—William Shakespeare (Romeo and Juliet).

Under the National Health Service Act, 1946, the City Council has the duty of making arrangements with all medical practitioners to provide free vaccination against smallpox and also free immunisation for all Sheffield residents who desire these services. Facilities are also available for vaccination and immunisation at Maternity and Child Welfare Centres, at Nurseries and at School Clinics by the Local Authority's own medical staff.

In every case in which a medical practitioner undertakes vaccination or immunisation, he is asked to complete and send to the Medical Officer of Health a record card giving all the details which are necessary to maintain accurate records and facilitate payment.

Separate Reports follow with regard to these services :—

SMALLPOX VACCINATION

Information is given in the statement below relating to primary vaccination and revaccination in the years 1949 to 1956, and also, for purposes of comparison, in the period from 5th July to 31st December, 1948, the preceding months of 1948, and in the full year 1947.

Vaccination and Revaccination—Years 1947-1956

Year	Aged under 1yr.	1 and under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over	Total
PERSONS VACCINATED					
1947	3,319	1,907	20	13	5,259
1948 (1st January to 4th July) ..	569	1,632	10	3	2,214
*1948 (5th July to 31st December) ..	747	36	12	26	821
*1949	565	584	30	90	1,269
*1950	705	1,058	82	145	1,990
*1951	781	1,151	99	309	2,340
*1952	763	876	60	269	1,968
*1953	1,157	1,093	158	346	2,754
*1954	1,261	1,122	80	180	2,643
*1955	866	1,243	78	242	2,429
*1956	1,040	1,397	72	234	2,743
PERSONS REVACCINATED					
1947	—	—	—	—	—
1948 (1st January to 4th July) ..	—	—	—	—	—
*1948 (5th July to 31st December) ..	—	1	2	59	62
*1949	—	3	25	225	253
*1950	—	20	31	396	447
*1951	—	26	45	1,041	1,112
*1952	—	10	34	559	603
*1953	—	19	58	1,034	1,111
*1954	—	15	38	427	480
*1955	—	14	43	550	607
*1956	—	17	52	535	604

* As regards these periods the age quoted is that at 31st December. In previous periods it is the age when vaccinated.

The primary vaccinations and re-vaccinations during 1956 were carried out as follows :—

			<i>Primary vaccinations</i>	<i>Re-vaccinations</i>
By General Medical Practitioners	..	..	1,395	497
At Maternity and Child Welfare Centres	..	..	1,270	7
At Hospitals	..	..	78	100
TOTALS	..	..	<u>2,743</u>	<u>604</u>

It will be seen that following the introduction of voluntary vaccination there was a very marked decline in the number of primary vaccinations. In fact, the number of persons vaccinated during the year 1949 fell to 24 per cent. of the number for the year 1947. The position has improved during subsequent years, but the number of vaccinations during 1956 was still only 58 per cent. of the figure for 1947.

Infant vaccination provides young children with an immunity against smallpox which can be expected to last at least for several years ; moreover, it ensures that vaccination performed later in life will be less likely to cause a severe local reaction or to be followed by encephalomyelitis, which is a rare but serious complication. Vaccination is a routine procedure in the Forces, and an International Certificate of Vaccination against Smallpox is a condition of entry into many countries abroad. With the growth of air travel this requirement is becoming of increasing importance. In addition, vaccination may always have to be carried out as an emergency measure because of contact with a suspected case of smallpox.

POLIOMYELITIS VACCINATION

In January, 1956, Ministry of Health Circular 2/56 was received, outlining the Minister's proposed arrangements for vaccination against poliomyelitis under Section 26 of the National Health Service Act, 1946.

With the co-operation of the School Health Service, the opportunity for vaccination was offered to all children in the City who were born during the years 1947–1954 inclusive, and out of a total of approximately 60,000 who were eligible, 21,859 children were registered. It was realised that only a small number of these children could be vaccinated during 1956, but those registered were promised priority as supplies of vaccine became available. At 30th June, when vaccination ceased for the summer months, a total of 2,075 children had received the two necessary injections, and 234 children had received one injection only. The majority of the latter were given the second injection at the end of 1956.

DIPHTHERIA IMMUNISATION

An efficient Diphtheria Immunisation Service has existed in Sheffield since 1941 and it was not greatly changed by the introduction of the National Health Service Act, 1946.

A total of 5,579 ehildren under 15 years of age completed the course of immunisation in the year 1956, as against 4,519 in 1955. The following statement gives partieuars of the number of persons who have been immunised since 1937, the first year in regard to which there are records available :—

Year	<i>Number of persons who completed the course</i>			<i>Total</i>
	<i>Aged under 5 yrs.</i>	<i>5 yrs. and under 15 yrs.</i>	<i>15 yrs. and over</i>	
1937-40	347	241	—	588
1941	4,335	5,530	76	9,941
1942	8,995	22,145	257	31,397
1943	6,965	14,461	626	22,052
1944	5,489	2,669	51	8,209
1945	7,213	1,881	27	9,121
1946	7,717	1,660	16	9,393
1947	8,133	1,408	39	9,580
1948	8,511	817	10	9,338
1949	7,655	1,575	49	9,279
1950	5,201	688	17	5,906
1951	5,715	607	27	6,349
1952	5,688	806	20	6,514
1953	5,151	1,175	7	6,333
1954	5,173	919	9	6,101
1955	4,000	519	15	4,534
1956	4,856	723	1	5,580
TOTALS	<u>101,144</u>	<u>57,824</u>	<u>1,247</u>	<u>160,215</u>

At the end of this section of the Report is given a tabular statement showing the number of ehildren immunised in each age group as at 31st December in each of the years 1937-1956. It will be appreciated that within these age groups there is a considerable movement year by year owing to ehildren attaining to a higher age group. After adjustment for this circumstance the records show the number of persons in the above age groups who had been immunised up to 31st December, 1956, to be as in the statement below :—

	<i>Aged under 5 yrs.</i>	<i>5 yrs. and under 15 yrs.</i>	<i>15 yrs. and over</i>	<i>Total</i>
Number of persons immunised as at 31st December, 1956	17,003	70,905	72,307	160,215

Importancee is attached to the necessity of each ehild who has been immunised in infancy being given a reinforeing injeetion at the age of five years, or when entering school. The following statement shows the number

of children in the age group of five and under 15 years who have been given these injections from the outset, in May, 1944, until 31st December, 1956 :—

<i>Year</i>									<i>Number of children given reinforcing injections</i>
1944 (8 months)	..	..	..	..	..	..	..	..	1,972
1945	..	..	..	..	..	..	..	..	2,311
1946	..	..	..	..	..	..	..	..	5,006
1947	..	..	..	..	..	..	..	..	3,515
1948	..	..	..	..	..	..	..	..	4,146
1949	..	..	..	..	..	..	..	..	5,325
1950	..	..	..	..	..	..	..	..	3,603
1951	..	..	..	..	..	..	..	..	4,621
1952	..	..	..	..	..	..	..	..	5,409
1953	..	..	..	..	..	..	..	..	4,970
1954	..	..	..	..	..	..	..	..	4,647
1955	..	..	..	..	..	..	..	..	2,671
1956	..	..	..	..	..	..	..	..	3,442

The following statement gives a classification of primary immunisations completed and reinforcing injections given in the year 1956 :—

									<i>Primary immunisations</i>	<i>Reinforcing injections</i>
At Maternity and Child Welfare Centres	..	..	..	..	..	..	..	..	2,609	—
By School Health Service	..	..	..	..	..	..	..	..	826	2,270
At Hospitals	..	..	..	..	..	..	..	..	260	—
By General Medical Practitioners	..	..	..	..	..	..	..	..	1,885	1,172
TOTALS	..	..	..	..	..	..	..	..	5,580	3,442

Constant efforts are made to encourage more children to be immunised and parents are made aware, by every possible means, of the importance of availing themselves of this service in order that their children may obtain immunity. 52·00 per cent. of all children under five years of age and 98·07 per cent. of all children between 5 and 15 years of age in the City had been immunised by the end of 1956, as against 52·29 per cent. and 98·29 per cent. respectively at the end of 1955. (It is realised that the figure of over 98 per cent. for children between 5 and 15 years of age, which is based on the only figures available, is almost certainly overstated). During 1956, general medical practitioners carried out 33·78 per cent. of all primary immunisations as against 39·54 per cent. in 1955, 26·30 per cent. in 1951 and 11·39 per cent. in 1947.

There were no confirmed notifications of diphtheria in the under 15 years age group in 1956, which compares very favourably with the 875 notifications and 21 deaths in this group in the year 1939, when very few children were immunised. Thus it would seem that mass immunisation has not only protected the large numbers of children inoculated but has also had the effect of lessening the likelihood of the disease occurring amongst the relatively small number of non-immunised children now remaining.

Combined Immunisation.—The use of combined vaccine for immunisation against Diphtheria and Whooping Cough was introduced at the Maternity and Child Welfare clinics in May, 1954, and immunisation against Whooping Cough alone was also commenced at this time. During 1956, combined immunisation against Diphtheria/Whooping Cough/Tetanus was introduced at the clinics, and arrangements were made for the distribution of this triple vaccine through the Public Health Department to general practitioners. The following statement shows the number of children under 15 years of age who received these injections during 1956. These figures, where relevant, are included in the statement of primary Diphtheria immunisations shown earlier in this report.

<i>Type of Immunisation</i>						<i>Number of children immunised</i>
Diphtheria/Whooping Cough/Tetanus	..	..	..	..	..	1,863
Diphtheria/Whooping Cough	..	..	..	..	..	2,982
Whooping Cough only	..	..	..	..	..	61

Certificates of Inoculation.—The Medical Officer of Health, as in Other Local Authorities, authenticates the signature of the doctor carrying out inoculation against certain diseases for persons travelling abroad, in conformity with international agreement.

DIPHTHERIA IMMUNISATION

The following tabulated statement shows the number of children immunised each year since 1937 :—

Age in years on 31st December of the corresponding year	1937- 1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total immunised on 31st December, 1956
Under 1 Year	—	—	—	15	679	85	64	76	119	462	532	491	252	369	426	354	619	105	580	0-4 Group 17003
1 Year	—	10	33	1728	1810	2384	3091	4500	4222	5004	5380	4707	3439	3630	3567	3293	3154	2857	3104	
2 Years	10	34	82	1142	1454	1456	1142	1414	1904	1352	1556	1305	855	1026	853	700	691	612	698	
3 "	20	31	86	864	806	869	637	565	713	556	430	495	336	269	372	287	223	181	202	
4 "	5	11	64	576	708	1038	203	305	434	340	258	260	161	209	226	243	173	105	127	
5 "	—	23	23	1206	3744	3215	649	546	442	598	455	590	223	311	356	417	450	176	202	5-9 Group 33494
6 "	—	18	21	998	3258	2490	675	603	537	463	290	514	248	210	284	449	318	224	344	
7 "	—	22	15	770	2876	2208	605	283	287	206	119	267	133	92	125	169	162	91	121	
8 "	—	18	27	552	2338	1670	240	174	189	137	86	164	71	57	73	107	94	49	73	
9 "	—	7	11	532	2784	1616	165	138	121	118	57	109	49	44	64	89	52	31	51	
10 "	—	—	9	396	2338	1170	163	109	109	98	55	95	40	34	37	58	44	22	26	10-14 Group 37411
11 "	—	—	8	314	2278	1110	151	122	74	64	41	92	24	29	40	58	45	22	19	
12 "	—	—	—	370	2071	903	165	108	94	50	32	46	25	14	25	34	24	10	11	
13 "	—	—	—	298	1830	662	117	96	84	51	20	37	22	10	25	35	24	20	11	
14 "	—	—	—	117	1628	460	91	48	40	38	13	40	10	10	10	25	11	9	9	
15 Years and over	—	—	—	66	795	726	51	34	24	43	14	67	18	35	31	15	17	20	2	15 and over 72307
Total each Year Immunisations ..	35	174	379	9941	31397	22052	8209	9121	9393	9580	9338	9279	5906	6349	6514	6333	6101	4534	5580	Grand Total— 1937-1956 160215
Reinforcing Injec- tions ..	—	—	—	—	—	—	1981	2320	5038	3515	4146	5325	3603	4621	5409	4970	4647	2671	3442	51688

B.C.G. VACCINATION OF SCHOOL LEAVERS

By J. A. G. WATSON, M.B., B.S., D.P.H.,
Assistant Maternity and Child Welfare Medical Officer.

"Ay, ay, a scratch, a scratch; marry, 'tis enough."

—William Shakespeare (Romeo and Juliet)

During the year 1956, the scheme for the B.C.G. vaccination of school leavers made further progress. The programme for the school year commencing in September, 1955, was completed, and a start made on the 1956-57 programme. The inspection visit previously carried out six weeks after vaccination did not prove of any great value and has been abandoned. This enabled all schools to be visited for vaccination in the September to December term: the follow-up visits will be carried out in the January to April term.

The follow-up of the positive reactors—children who have had an infection with tuberculosis—was intensified, and all are now offered an appointment at the Mass Radiography Centre. During the period 1956-57, efforts are being made to visit the homes of all these positive reactors. A careful history is taken in an attempt to elucidate the source of infection and the parents are urged to attend for X-ray.

The following tables show the results of the work from the inception of the scheme:—

Vaccination carried out under B.C.G. Scheme

<i>School Year*</i>	1954-55	1955-56	1956-57
Eligible 13 year olds	1,077	6,330	6,284
Consents received	852	4,491	4,743
Consent rate	79.1%	70.9%	75.5%
Absent	99	150	105
Withdrawn		13	11
Already had B.C.G.		13	110
Total number skin tested	753	4,315	4,517
Positive	211	1,122	1,073
% Positive	28.0%	26.0%	23.8%
Negative	542	3,193	3,444
Number vaccinated	542	3,192	3,444

* The term "school year" refers to the year beginning in September.

X-ray Findings among Positive Reactors

<i>School Year</i>	1954-55	1955-56	1956-57
Number of positive reactors x-rayed	—	818	1,012
No pulmonary lesion	—	769	964
Miscellaneous, non-active and healed lesions	—	46	46
Active lesions	—	3	2

Comments

1. The figures for 1954-55 should not be compared too closely with those for the other two years. They refer to a more limited and selected group of schools, which were used as a pilot survey.

2. There is an increase in the proportion consenting to vaccination. This is a healthy sign, but a further increase should be sought in the 1957-58 year.

The impression I have is that the public are extremely interested in this measure to reduce the amount of tuberculosis amongst our young adults, and that there is very little opposition to the scheme.

3. The proportion of children who have already had B.C.G. elsewhere is increasing and this number will increase still more. I feel it is important that these children should be skin tested to ensure that the old vaccination is still effective.

The "reported vaccination" should also be investigated, as many parents confuse the various vaccination measures, and often think of a skin test as a B.C.G. vaccination.

4. The proportion of positive reactors has fallen by more than two per cent. This is statistically significant, but it is far too early to make any real conclusions from it.

This figure should prove a very useful measure of the amount of infection in the community, and a decline in this rate should reflect the trend in the community as a whole.

5. Once again, the co-operation of the schools has been whole-hearted, and has been greatly appreciated by those "working the scheme."

Follow-up of Positive Reactors.—

In the table on page 137 it is recorded that 1,073 positive reactors were found in the course of the year's work. These and their families have been further investigated, the major part of the work being carried out by

the Health Visitors, who have visited the homes and interviewed the parents. They have endeavoured to trace the source of the infection, and to arrange for the relatives and friends to attend the Mass Radiography Centre. Younger children in the families have been investigated at the Chest Clinic or at the Children's Hospital.

Of the positive reactors found among "school leavers," 1,046 have now been followed up. The results are as follows :—

1. *Results of the Skin Test*

These have been recorded as suggested by Heaf.

The presence of induration is the criterion of a positive reaction. Depending on its intensity, the reaction may show a small papule at each puncture, a ring of induration, or a solid weal ; these are referred to as first, second and third degree respectively. Stronger reactions giving a larger area of induration are termed fourth degree, and those larger still with some vesicles, 4+.

The numbers found in each category were as follows :—

1.	128
2.	166
3.	314
4.	293
4+	124
	<hr/>
	1,025
Other positives	21
	<hr/>
TOTAL	1,046
	<hr/>

2. *Sex distribution*

Males	530
Females	516
	<hr/>
TOTAL	1,046
	<hr/>

3. *Attendance of Relatives, etc. for X-ray*

Total family contacts	2,493
Number who stated they had been x-rayed recently	260
Number already attending Chest Clinic	101
	<hr/>
	361
Number advised to attend for X-ray	2,132
Actual number attending	568 (26.6%)

4. *Results of Chest X-rays*

No lesions found	552
Non-active lesions	14
Active lesions	2*
	<hr/>
TOTAL	568
	<hr/>

* One of these was, in fact, an old lesion which had reactivated.

5. Source Tracing

For various reasons, e.g. residence outside the City boundary, it was found impossible to obtain any information in 161 cases. Of the remaining 885 positive reactors, there emerged, as a result of household enquiries and subsequent X-ray investigations, a total of 394 cases where a possible human source of tuberculous infection came to light. These may be divided into the following three groups :—

1. *Probable* — in these the suggested source is very likely to be the true source.
2. *Possible* — in these the connection is less certain.
3. *Remote* — in these the connection is “not proven.”

On the basis of this subdivision, the 394 cases have been classified as follows :—

<i>Source of Infection</i>	<i>Probable</i>	<i>Possible</i>	<i>Remote</i>	<i>Total</i>
Household	114	27	6	147
Non-Household	133	86	28	247
TOTALS	<u>247</u>	<u>113</u>	<u>34</u>	<u>394</u>

Although conclusions of this nature must inevitably be a matter of opinion, particularly as complete information is often not available, it is of interest that in 44 per cent. of cases investigated it was found possible to suggest the source of infection.

6. Relationship of “Source” to Positive Reactor

Mother or Father	102
Brother or Sister	20
Grandparent	33
Uncle or Aunt	99
Other Relations	47
Friends	93
TOTAL	<u>394</u>

7. The tuberculin reaction of the other children in the family was known in 94 cases. Some were seen at the Chest Clinic, some on commencing school and some on leaving school. The results were as follows :—

	<i>Positive</i>	<i>Negative</i>
Younger brother or sister	11	57
Older brother or sister	9	17
TOTAL	<u>20</u>	<u>74</u>

Discussion

The proportion of contacts attending for X-ray was rather disappointing, although it should be borne in mind that the figure does not include those who had recently been X-rayed at the time of the enquiry. On the other hand, one reactivated case was found, and one new case.

One interesting repercussion was reported to me by a parent of a five year old child, whom I interviewed. This young child was a negative reactor, but her older brother was a positive reactor. The mother and the rest of the family went for X-rays, and were found to be normal. The mother discussed the matter with a neighbour who decided that she and her family should go for a check up. She, the neighbour, was found to have some "lesion," and though this only required supervision it was felt desirable to vaccinate her children with B.C.G.

A number of younger children in the families of the positive reactors were seen at the Chest Clinic and, where some possible source of infection was known, B.C.G. was offered.

It is of interest that approximately 63 per cent. of these children appeared to be infected from persons outside the household.

Analysis of the tuberculin reactions of other children in the family shows that only 20 out of 94 were positive. The positively reacting 13 year old does not necessarily indicate a "family infection." It would seem that where a case arises, the family contacts are dealt with reasonably adequately, but the "fringe contacts" are not dealt with, and are thus more at risk than the children of the family.

The further breakdown of the sources of infection is also of interest in that the grandparents would appear to be less of a menace than is commonly stated. Parents, uncles and aunts and non-relatives are the chief sources of infection, and in approximately equal proportions.

Comments and recommendations

The B.C.G. scheme has been well received by the public, and it is recommended that the main part of the scheme should continue as during the past year.

The X-raying of the positive reactors has been linked with the school leaving X-ray scheme. It was felt that the skin testing of the 13 year old children could be used to focus attention on families where there was a possible source of infection. Compared with the relative wastage of mass radiography, a large number of unproductive films are saved in such a scheme. It is recommended that the X-raying of families of positive reactors should continue.

The further follow-up of the positives has yielded much interesting information, but it has been somewhat disappointing in that little in the way of unknown active infection has been found. It is felt that more of the eligible relatives could be urged to have their chests X-rayed. More could also be done in arranging for the investigation of younger children in these families.

As the level of the infection in the community decreases, every single active case becomes that much more important. Every opportunity for unearthing these should be taken. The source tracing of the positively reacting five and 13 year olds is one way of doing this and it should be pursued as energetically as possible.

The positive reactor rates at five and 13 give us a reliable index of the level of infection in our community. This will remain true for so long as the consent rate remains at its present high level. It is evident that the school days are amongst the safest and that the first five to ten years at work are amongst the most hazardous. It might be profitable, therefore, to consider the possibility of combining a skin testing survey with the mass X-raying of the workers.

AMBULANCE SERVICES

By E. H. MEDLEY, Ambulance Officer.

*" Better put a strong fence round the top of the cliff
Than an ambulance down in the valley."—Joseph Malines (Floruit).*

The arrangements made by the City Council in July, 1948, for the provision of ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946, have been continued, and the unified services set up under the administration of the Health Committee have been operated without any major modification.

The administrative centre and operational depot of the Service is at the Ambulance Station in Corporation Street; 30 ambulances and five sitting case cars are sited at this Station, and a twenty-four hour service is provided for the conveyance of non-infectious cases. Four ambulances continue to operate from the Lodge Moor Hospital Station for cases of an infectious nature.

In addition to the services instituted under the Act dealing with Sheffield cases, arrangements have been made for mutual assistance with adjoining Authorities and, at the request of the West Riding of Yorkshire and Derbyshire Authorities, ambulance cover is provided in certain parts of their areas which are adjacent to the City. The agreements made with these Authorities include both routine and emergency calls. The arrangements for transmission and servicing of accident calls have been made applicable to an area coinciding with the Sheffield Telephone Exchange area, which extends into both the West Riding of Yorkshire and Derbyshire.

Agency arrangements were made between the Council and the British Red Cross (Sheffield Division) and the St. John Ambulance Brigade (Sheffield Corps) for the provision of an ambulance for occasional long distance journeys, and these voluntary organisations have each placed one ambulance at the disposal of the Service, as and when required.

Radio-Telephone equipment was installed in April, 1954. The main fixed station is sited in the Public Health Department premises at Town Hall Chambers and is remotely controlled from the Ambulance Control Room in Corporation Street.

All vehicles are now radio-controlled and this method of communication is contributing to a higher degree of efficiency.

Duties Undertaken.—There has been a decrease of approximately 0·24 per cent. in the number of patients carried during the year but an increase of 0·12 per cent. in the total mileage run.

The following statement illustrates the considerable increase in mileage run and patients carried since the inception of the National Health Service :—

<i>Year</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
1949	98,649	481,281·8
1950	107,567	476,222·4
1951	117,894	489,452·9
1952	125,074	496,397·4
1953	133,177	532,163·6
1954	136,847	548,312·6
1955	145,970	569,327·4
1956	145,619	570,013·3

In the main, the journeys undertaken during 1956 have been associated with the conveyance of patients to and from Sheffield Hospitals and Treatment Centres, but, as mentioned above, the facilities provided are not limited to residents within the City, and a number of longer journeys have been made for conveying patients from Sheffield to more distant destinations.

There were altogether 206 journeys arranged for the conveyance of patients to distant destinations, resulting in 97 journeys by Ambulance or Ambulance Car and 109 journeys by Train and Ambulance. These journeys were mainly connected with the discharge of patients from Sheffield Hospitals, but 39 journeys were made to the Ministry of Pensions' Hospital and Limb Fitting Centres at Leeds, and 11 journeys to Convalescent Homes situated at Skegness, Market Bosworth and Boston were also undertaken.

The destinations of the various long distance journeys made by road, with the number of visits to each shown in parentheses, were as follows :—

Birmingham (2), Boston, Lincs. (5), Chester (1), Cleethorpes (2), Derby (1), Grimsby (1), Halifax (1), Hanley, Staffs. (1), Hull (3), Humberstone, Lincs. (1), Ilkeston, Derbys. (1), Leeds (39), Leicester (5), Leyburn, Yorks. (1), Lincoln (3), Louth, Lincs. (1), Lytham St. Annes (1), Manchester (3), Market Bosworth, Leics. (2), Middlesbrough (1), Much Hadham, Herts. (1), Newcastle-Upon-Tyne (1), Nottingham (2), Oakham, Rutland (1), Ormskirk, Lancs. (1), Rochdale (1), Salisbury (1), Scarborough (1), Scunthorpe (1), Sibsey, Lincs. (1), Skegness (4), Staniland, Yorks. (1), Stockport (1), Warrington (1), West Hartlepool (1), Woodhall Spa, Lincs. (1), York (1).

The mileage run in performing this section of the work amounted to 11,644 miles, and a further 22,329 miles were saved by the use of train transport.

The journeys undertaken by train were to the following destinations :—

Aberystwyth (1), Bedford (3), Birmingham (3), Blackpool (1), Boston (3), Bournemouth (1), Bridge of Earn (1), Cambridge (1), Cardiff (2), Coventry (1), Edinburgh (1), Folkestone (1), Gainsborough (1), Grimsby (5), Habrough (1), Harrogate (2), Hereford (1), Hull (4), Kettering (1), Lancing (1), Leeds (1), Leicester (13), Lincoln (3), Liss (2), London (12), Loughborough (1), Lowestoft (1), Mablethorpe (1), Manchester (7), March (1), Morthoe (1), Newcastle-Upon-Tyne (3), Norwich (1), Nottingham (6), Oldham (1), Peterborough (1), Reigate (4), Scarborough (1), Skegness (2), Sleaford (1), Southport (1), Spalding (1), Stockport (2), Stockton-on-Tees (1), Swansea (1), Winchester (1), Wolverhampton (1), Woodhall Junction (3).

Special arrangements are made to deal with calls of an urgent nature, and emergency ambulances conveyed 5,345 patients as a result of either accident or sudden illness. There were also 32 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Cars were made available for the use of Municipal Midwives in the night hours when ordinary transport was not available, or in other emergencies, and there were 1,268 requests for this service. In addition, a further 272 journeys were made in delivering nitrous oxide cylinders and apparatus to midwives, and a cot for premature babies was conveyed on one occasion.

Summary of Patients carried and Mileage run during the Years 1955 and 1956

<i>On whose behalf</i>	<i>Year 1955</i>		<i>Year 1956</i>	
	<i>Number of Patients carried</i>	<i>Mileage run</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
Sheffield City Council	132,299	465,583·6	132,318	475,544·7
West Riding County Council ..	2,491	19,860·1	2,500	18,622·1
Derbyshire County Council ..	10,044	75,255·9	10,351	71,865·3
Other Authorities	1,136	8,627·8	450	3,981·2
TOTALS	145,970	569,327·4	145,619	570,013·3

Staff.—The provision of a twenty-four hour service necessitates all members of the operational staff working shift duties. Drivers and attendants are required to hold First Aid qualifications and the majority of them have attained medallion proficiency. It is also a condition of their service that they attend refresher courses at reasonable intervals. Drivers were again entered for the National Safe Driving Competition.

Maintenance of Vehicles.—The maintenance and repair of vehicles is carried out on the premises, and a staff of five mechanics and one apprentice is engaged on this work.

During the year, four new ambulances were received.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

"For chance fights ever on the side of the prudent."

—Euripides

The Care and After-Care Service is concerned with the prevention of illness, the care of persons suffering from illness and their after-care.

A close relationship exists between the Service and all the other Social Services (both statutory and voluntary) and it is the focal point for advice and assistance regarding the many problems that arise in association with ill-health and disability.

"Health" and "Welfare" are synonymous and cannot be divided if full advantage is to be taken of the opportunities offered in the comparatively new fields of activity open to local authorities. In Sheffield, the Home Nursing Service, the Welfare Services for Handicapped Persons (see Page 179) and the services under this heading are all administered by the same staff and are regarded as a whole, each complementary to the other. With the progressive development of the Welfare Services for Handicapped Persons, increasing demands are being made upon the Care and After-Care Service—disabled people notified to the department under the former scheme have been found to be in need of wheel chairs, walking aids and other appliances, they or their relatives have been referred for convalescence and, in certain cases, rehousing has been arranged. On the other hand, patients referred to the Care and After-Care Service have been found to be in need of assistance under the Welfare Services for the Handicapped—severely disabled people notified as being in need of "care or after-care" have been helped with regard to handicrafts, alterations in their own homes to give them greater mobility and independence, and other services. Thus it will be seen that the much desired integration and co-ordination of these services is being achieved.

With the proper development of these services upon these lines, a great deal can be done, not only to alleviate the stresses placed upon the more unfortunate of our citizens but, more important still, to help prevent many disabilities occurring or, at least, minimise their effects by preventing or retarding deterioration in the patient. Taking an even broader view, this will not only work towards the welfare of the patients alone but will be of great benefit to the community at large, relieving relatives of the constant and, often, wearying responsibility of caring for the sick or disabled, and thus preventing the breakdown in their own health which frequently occurs as a result. It is in the preventive field that the local authority can make the most of the opportunities offered by recent legislation and, to further this, every effort is made to maintain the closest co-operation between the Hospitals, General Practitioners and the Department.

The Health Visitor has an important part to play in the Care and After-Care Service. She is the social worker for the family and can, by advising the family on health matters, assist greatly in the prevention of illness, or if illness has unfortunately occurred she can help to minimise its effect upon the patient and his family. A liaison exists, through the Health Visitor, between the Care and After-Care Service and the almoners of the hospitals and other institutions and, in addition, the Health Visitors and family doctors are associated in the care of patients in their own homes. Although there are difficulties, such as shortage of staff, to be overcome, every effort is being made to extend this association, as the promotion of health in the family depends upon it.

Attention continues to be given to the problems of the aged and Health Visitors call upon people who have difficulties due to the frailties of old age. In addition, Dr. Parker, the Medical Officer in the Care and After-Care Service, is in close contact with the Old People's Clubs and organisations dealing with the aged and the disabled in the City.

As regards the care of tuberculous persons, there is a close liaison between the Care and After-Care Service and the specialist Medical Officers engaged in the Tuberculosis Service. This ensures that there is an early visit made by a Health Visitor to the home of any person notified as suffering from tuberculosis and an easy exchange of information between the Department and the Chest Clinic. The Health Visitor, in association with the doctors, is able to give advice regarding measures to be taken for the protection of the family and the restoration to good health and rehabilitation of the patient. Any special need is reported and at once given attention.

Patients and their families are being assisted in such ways as the following :—

Tuberculosis.—The Health Visitors carry out the primary visiting of newly notified cases of tuberculosis, and reports on home conditions are supplied to the specialist medical officers of the Regional Hospital Board. The role of the Health Visitor in contact tracing has been described on page 113.

The following table shows the number of contacts examined in relation to the number of cases notified during 1956 :—

No. of notified cases of tuberculosis	480
No. of contacts asked to attend for examination	1,498
No. of contacts who actually attended and were examined :—	
(i) at the Chest Clinic	821*
(ii) at the Children's Hospital (infants under 4 years of age)	58
	<hr/> 879

* Included in this figure were 294 contacts under 15 years of age, of whom 163 were given B.C.G. vaccination.

During the year 1956, the Health Visitors made a total of 4,448 visits to the homes of tuberculosis patients as detailed in the statement below :—

Tuberculosis of Lungs :—

Visits to newly notified cases	..	..	..	..	482	
Subsequent visits for general investigation	..	..	..	..	3,617	4,099
					<hr/>	

Other Forms of Tuberculosis —:

Visits to newly notified cases	..	..	..	..	72	
Subsequent visits for general investigation	..	..	..	..	277	349
					<hr/>	

TOTAL	..	..	..	..	4,448	
					<hr/>	

Beds and bedding are loaned to necessitous infectious cases of Tuberculosis of the Lungs, in order that they may have a separate bed and, where possible, a separate bedroom. Details of the articles loaned during the year 1956 are as follows :—

36 Bedsteads ; 36 Mattresses ; 38 Mattress Covers ; 113 Sheets ; 80 Blankets ; 62 Pillows ; 74 Pillow Cases.

Where, as a result of consultation between the Health Visitor, Public Health Inspector, the Care and After-Care Service and the Chest Physician, it is found to be desirable that a family in which there is an infectious case of Tuberculosis should be rehoused, efforts are made to provide suitable accommodation on the Corporation Estates, by arrangement between the Housing and Health Committees. As a result of the visits made by the Health Visitors to the homes of tuberculous persons during the year 1956, there were 37 cases reported where the environmental conditions were unsatisfactory and rehousing of the patients was desirable. 36 families were rehoused during the year. Since the inception of this scheme, in the year 1928, 1,167 families have been rehoused on Corporation Estates. At 31st December, 1956, there were 487 families living on the Estates under these special arrangements, and there were 27 families who had been recommended for rehousing but who had not then been rehoused. In every case the Chest Physician is consulted regarding the desirability of rehousing a family and to ensure that the most urgent and deserving cases are dealt with.

Where tuberculous patients are able to take up employment, they are referred to the Disablement Rehabilitation Officer of the Ministry of Labour with a view to finding suitable work. During 1956, 131 patients were referred under this scheme. There is a Remploi factory for tuberculous men in Sheffield and at 31st December, 1956, there were 47 men employed at this factory.

During the year, one man was maintained at the Papworth Village Settlement for the purpose of rehabilitation and is making excellent progress.

The National Assistance Board has continued to give valuable co-operation and a close working arrangement exists between the Board's officers and the After-Care Service, each seeking the other's advice as required. The Board has been generous in making Exceptional Needs Grants to meet the urgent requirements of patients and their families, such as the purchase of new clothing, bedding, household utensils, decoration of the home, etc., which the family would otherwise be unable to afford.

Other Illness (or illness generally).—Arrangements exist whereby certain Health Visitors are attached to the Hospitals, the Chest Clinic and the Radium Centre with a view to providing an interchange of information. 437 cases were referred by the almoners and, as a result of the Health Visitors reports, much assistance has been given in dealing with the many social problems associated with ill-health. The results of the visits may be classified as follows :—

<i>Reason for Visit</i>	<i>Number of Visits</i>	<i>Result</i>	
Home conditions or after-care of Adults on or before discharge from hospital.	265	(a) Home conditions satisfactory	111
		(b) Domestic Help arranged ..	88
		(c) Home Nursing provided ..	20
		(d) Nursing Equipment loaned ..	18
		(e) Overcrowding reported ..	4
		(f) Sanitary defects reported ..	9
		(g) N.A.B. informed of needs ..	6
		(h) Domestic problems investigated	7
		(i) Patient admitted to Firvale Infirmary	2
Home conditions or after-care of Children on or before discharge from hospital	64	(a) Home conditions satisfactory	36
		(b) Sanitary defects reported ..	8
		(c) Overcrowding reported ..	2
		(d) Special advice given <i>re</i> care of child	17
		(e) N.A.B. informed of needs ..	1
Home conditions of out-patients and "follow-up" of defaulters from Out-Patient Clinics.	108	(a) Home conditions satisfactory	32
		(b) Appointments made for re-attendance	33
		(c) Domestic Help arranged ..	11
		(d) Patient deceased	3
		(e) Sanitary defects reported ..	7
		(f) Overcrowding reported ..	3
		(g) Under care of own doctor ..	2
		(h) Admitted to hospital ..	4
		(i) Referred to Welfare of Handicapped Persons Service ..	3
		(j) Convalescence arranged ..	1
		(k) Nursing Equipment loaned ..	2
		(l) Referred to Mental Health Service	1
		(m) Left City	1
		(n) N.A.B. informed of needs ..	1
		(o) Patient advised <i>re</i> diet ..	4

The Almoners are given all the information regarding these visits.

Another pleasing feature has been the continued close association with the general practitioners. Apart from referring patients for convalescence, nursing equipment, etc., the assistance of the service has been sought in dealing with domestic problems that often arise when illness occurs in a household.

Close liaison also exists with the Mental Health, Blind Welfare and Social Care Services and every assistance is given to the persons referred by these services. The blind, mental defectives and aged persons often present difficult problems but everything possible is done to satisfy their needs.

Accidents in the Home.—Increasing attention is being given to the prevention of accidents in the home. Arrangements have been made for the loan of fireguards by the Care and After-Care Service to aged people, the blind and other appropriate cases. 56 guards were loaned during the year. Talks, films and film strips dealing with accident prevention are regarded as a very important part of the Health Education programme of the department.

Further details with regard to accidents in the home are given on page 114.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME

Nursing requisites are available for loan either from depots directly under the administration of the City Council or from certain voluntary organisations acting as agents of the Council. The Council's depots are established at the Care and After-Care Centre at Town Hall Chambers in Fargate, at Johnson Memorial Nurses' Home and the Princess Mary Nurses' Home, at the Firth Park and Manor Maternity and Child Welfare Centres, and at Norton Rectory. The voluntary agencies participating in this scheme are the Sheffield Hospital Services Council (38, Church Street), the Darnall and District Medical Aid Society (Fisher Lane, Darnall) and the British Red Cross Society (2, Queen's Road).

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. The scheme operates on a basis of mutual assistance, centred around the Care and After-Care Centre, so that any depot in short supply of any articles can refer the applicant to the Central Office or other convenient centre and every effort is made to satisfy the applicant's requirements. It is usual for the depots to communicate by telephone before redirecting the applicant, thereby saving fruitless journeys. It has been found that this scheme works very well, and persons have been afforded the loan of articles without undue delay or trouble.

During the year 2,631 articles were loaned from the Council's depots to 1,809 patients as compared with 2,148 and 1,498 respectively in 1955.

The following are particulars of nursing requisites loaned directly by the Council and by the voluntary organisations participating in this scheme, during the year 1956 :—

Requisites Loaned Directly by the Council

<i>Articles</i>									<i>Number of articles loaned</i>
Air Cushions and Rings	..	..	..	..	..	..	..	..	392
Bed Boards	..	..	..	..	..	..	..	..	13
Bed Cages	..	..	..	..	..	..	..	..	42
Bed Pans	..	..	..	..	..	..	..	..	535
Bed Rests	..	..	..	..	..	..	..	..	225
Bed Tables	..	..	..	..	..	..	..	..	21
Commodes	..	..	..	..	..	..	..	..	96
Crutches	..	..	..	..	..	..	..	..	135
Crutches (Elbow)	..	..	..	..	..	..	..	..	12
Douche Cans	..	..	..	..	..	..	..	..	3
Dunlopillo Mattresses	..	..	..	..	..	..	..	..	89
Feeding Cups	..	..	..	..	..	..	..	..	30
Hot Water Bottles	..	..	..	..	..	..	..	..	3
Invalid Chairs	..	..	..	..	..	..	..	..	210
Rubber Sheets	..	..	..	..	..	..	..	..	517
Sorbo Cushions	..	..	..	..	..	..	..	..	7
Sputum Cups	..	..	..	..	..	..	..	..	2
Urinals (Male)	..	..	..	..	..	..	..	..	189
Urinals (Female)	..	..	..	..	..	..	..	..	21
Walking Aids	..	..	..	..	..	..	..	..	2
Walking Sticks	..	..	..	..	..	..	..	..	51
Walking Sticks (Tripod)	..	..	..	..	..	..	..	..	28
Water and Air Beds	..	..	..	..	..	..	..	..	7
Water Pillow	..	..	..	..	..	..	..	..	1
TOTAL ARTICLES (loaned to 1,809 patients)	..	..	..	..	..	..	..	..	<u>2,631</u>

Requisites Loaned by Voluntary and other Organisations as Agents of the Council

<i>Articles</i>									<i>Number of articles loaned</i>
Air Cushions and Rings	..	..	..	..	..	..	..	..	248
Bed Cages	..	..	..	..	..	..	..	..	18
Bed Pans	..	..	..	..	..	..	..	..	634
Bed Rests	..	..	..	..	..	..	..	..	209
Bed Tables	..	..	..	..	..	..	..	..	6
Crutches	..	..	..	..	..	..	..	..	258
Feeding Cups	..	..	..	..	..	..	..	..	33
Invalid Chairs	..	..	..	..	..	..	..	..	35
Rubber Sheets	..	..	..	..	..	..	..	..	676
Urinals (Male)	..	..	..	..	..	..	..	..	181
Urinals (Female)	..	..	..	..	..	..	..	..	3
Walking Sticks	..	..	..	..	..	..	..	..	145
Water and Air Beds	..	..	..	..	..	..	..	..	18
TOTAL ARTICLES	..	..	..	..	..	..	..	..	<u>2,464</u>

Although the loan of bedsteads and bedding is primarily to assist in the segregation of tuberculous persons, such articles are loaned to other patients in order to effect their earlier discharge from hospital than would otherwise have been possible, or to overcome the necessity of admitting them to hospital. Thus hospital beds are released for other patients. In addition, beds and bedding are loaned where the home nurse has difficulty in caring for the patient in a double bed or where it is thought that a single bed is necessary for the well-being of the patient. During 1956, there were 42 cases assisted in order to free hospital beds and 58 cases where the home nurse requested the loan.

Where necessary, bedsteads with self-lifting attachments are loaned to patients being nursed at home in order to add to their independence, comfort and mobility. During 1956, seven such beds were loaned. In addition, nine adult size cots were loaned during the year.

CONVALESCENCE FACILITIES

The arrangements for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over, continued throughout the year.

Two beds for males are reserved at the North Eastern Counties Friendly Societies' Convalescent Home at Grange-over-Sands. Suitable arrangements have been made for patients to be admitted to other Convalescent Homes, including those willing to take patients with special difficulties.

In all cases, a recommendation of a doctor is required before a patient is admitted to a Convalescent Home. A scale of weekly charges is laid down, the amount payable being assessed in relation to the family income. Before patients are assessed, it is ascertained whether they contribute to the 1d. per week scheme of the Sheffield and District Convalescent and Hospital Services Council, or any similar scheme providing free convalescence. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the Medical Officer of the Convalescent Home. Two such extensions were granted during 1956.

In cases where patients may lack confidence about the journey to the Convalescent Home, efforts are made to introduce them to other patients travelling at the same time, in order that they may be of mutual assistance and their worries reduced to a minimum.

During the year 1956, there were 174 cases in which convalescence facilities were provided, as compared with 170 in 1955. These admissions may be summarised as follows :—

	M.	F.	Total
North Eastern Counties Friendly Societies' Convalescent Home, Grange-over-Sands	8	—	8
Rockfield Convalescent Home, St. Annes	—	77	77
Sheffield Works' Convalescent Association's Home (Matlock)	—	4	4
Sheffield Works' Convalescent Association's Home (Ashover)	2	—	2
Yorkshire Foresters' Convalescent Home, Bridlington ..	11	30	41
Godfrey Etman Home for the Blind, Southport	2	—	2
Spero Fund Convalescent Homes for the Tuberculous ..	—	1	1
Bolton and District Hospital Saturday Council's Convalescent Home, Southport	2	16	18
Bolton and District Hospital Saturday Council's Convalescent Home, Blackpool	7	—	7
George Woofinden Convalescent Home, Mablethorpe ..	9	5	14
TOTALS	41	133	174

The age-groups of the persons admitted to the Convalescent Homes were as follows :—

	Under 1 year	1—15 years	16—25 years	26—35 years	36—45 years	46—55 years	56—60 years	61—65 years	66—70 years	71—75 years	76—80 years	Over 80 years	Totals (Sexes)
Males ..	—	—	2	—	2	4	1	8	6	13	4	1	41
Females ..	—	—	4	4	9	20	14	17	22	20	17	6	133
TOTALS (Age Groups)	—	—	6	4	11	24	15	25	28	33	21	7	174

NOTE.—Children of school age are the responsibility of the School Health Service of the Education Committee.

The patients referred for convalescence were suffering from the following :—

Bronchitis	34
Nervous and general debility	22
Diseases of the Heart and Circulatory System	28
Post-operative debility	15
Diseases of the digestive system	6
Arthritis and muscular rheumatism	17
Anaemia	10
Pneumonia	12
Neurasthenia	13
Injuries	5
Influenza	2
Pulmonary Tuberculosis	1
Asthma	2
Tonsillitis	3
Glandular Fever	1
Sinusitis	1
Cholecystitis	1
Diabetes	1
TOTAL	174

B.C.G. VACCINATION AGAINST TUBERCULOSIS

Vaccination with B.C.G. is recommended for children who have been exposed to the risk of infection from tuberculosis, especially babies born into tuberculous households. A mantoux or equivalent tuberculin skin test is carried out before vaccination, and only those who do not react to the test receive B.C.G. Further details are given on page 113.

It is desirable to avoid contact with known sources of infection while vaccination is being carried out, and arrangements are made, if necessary, for the segregation of the children—for six weeks prior to the vaccination and six weeks thereafter—making a total period of almost three months.

An appeal was made for suitable women to offer their services as foster parents where it is not possible to admit the infectious case to a hospital or arrange for the child to be cared for by a relative. Recruitment of foster parents has proved to be very difficult and at 31st December, 1956, there were only two women acting as such in this scheme. Before placing children, the foster parents and other members of their household are examined at the Chest Clinic. Where other arrangements cannot be made, the child may be admitted to a residential nursery. A scale of weekly charges to the parents for the maintenance of the child whilst it is boarded out is laid down, the amount payable being in accordance with the family income.

In the year under report 17 children, as compared with 18 in 1955, were boarded-out with foster parents or at a residential nursery as follows :—

	<i>Number of Children</i>							
Foster parents	9
Residential nursery	8
								<hr/>
TOTAL					17
								<hr/>

During 1956, 987 persons who were contacts of tuberculous cases were vaccinated with B.C.G. and in addition 4,897 were vaccinated under the School leavers Scheme.

DOMESTIC HELP

“ Neither maid, widow, nor wife.”

—William Shakespeare (Measure for Measure).

The object of the Domestic Help Service, as defined in the National Health Service Act, 1946, is to provide domestic help “ for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school-age within the meaning of the Education Act, 1944.” For convenience these cases have been divided in the Department’s records into (a) maternity cases and (b) general cases.

There has been a general increase in the service during the year in order to meet the growing demand. Every effort is made to reduce travelling time by zoning the City and, as far as possible, the Domestic Helps are given work within easy reach of their homes. However, it is found that although women are quite ready to undertake this type of work, some of them unfortunately feel unable to continue when they find the work entails service in different households. This is a difficulty which is naturally associated with this work, and is unavoidable if we are to give the widest possible service.

Application for the services of a Domestic Help is made to the Maternity and Child Welfare Centre, Orchard Place and, in all cases where it is necessary and a medical certificate has been obtained, a visit is paid by a Health Visitor in order that there may be a full appreciation of the difficulties of the household.

The duties of a Domestic Help relate to the purely domestic work of the household, such as : cooking and preparation of meals, keeping the house clean, care of children, and shopping : she does not, of course, do any nursing duties, and she provides her own food whilst at duty. Several Domestic Helps have been specially selected to help with the rehabilitation of problem families.

The Domestic Helps are engaged and paid by the Council ; a scale of daily charges for their services has been formulated and the amount payable is assessed according to the income of the family concerned. In cases of unusual circumstances, such as long illnesses involving heavy financial commitments, full investigation is made and a report submitted to the Assessment Section of the Maternal, Infant and Nursing Welfare Sub-Committee for consideration, so that no family need be without assistance on account of financial difficulties.

During the past year, one of the problems of the Domestic Help Service has again been the number of very dirty homes in regard to which requests for help have been received from General Practitioners, neighbours, etc. When such houses are discovered, every effort is made to get

a relative of the occupant to undertake general cleaning before the Domestic Help takes over, but where this is impossible two Domestic Helps are asked to undertake the task. In no case is a Domestic Help directed to such houses but on each occasion, after discussion of the case, a Domestic Help has agreed to do the necessary work. A great tribute is due to the women who undertake this type of work.

On a number of occasions, where there has been no relative available to carry out the work, the cleaning of homes has been undertaken in preparation for the return of old persons from a long stay in hospital. In some instances it has been necessary to request the help of members of the disinfecting staff to assist with the objectionable cleaning.

*Help for
tuberculous
cases*

Domestic Help has been provided during the year to a small number of tuberculous cases. These duties are undertaken by Domestic Helps on a voluntary basis and, before they are allowed to undertake such duties, they are medically examined by Dr. H. M. Turner at the Chest Clinic of the Regional Hospital Board. They are instructed regarding general care and hygiene when employed in the homes of tuberculous cases and, as far as possible, are only on duty in such homes for a short time, but recently it has been difficult to obtain assistance in tuberculous cases and therefore the Domestic Helps willing to assist in these homes have undertaken to work over a longer period. They receive chest X-rays at periodic intervals.

*Emergency
Night
Service*

On occasions an emergency night service has been provided, mainly on behalf of old people who have been very ill and have had no one to care for them. In such cases, arrangements have been made for temporary help until the patient's recovery or admission to hospital. These duties have been undertaken only by Domestic Helps who have volunteered to provide this service.

During the year 1956, domestic help was supplied to : 220 maternity cases, at which a total of 1,912 full days was worked by the Domestic Helps, and 2,481 general cases, including 19 tuberculous cases, at which (making allowance for the fact that most of these were part-time engagements) the equivalent of a total of 50,095 full days was worked. 979 of the general cases were new applications and 1,502 were re-applications. A full working day consists of two periods of four hours each, and part-time engagements are arranged according to circumstances. The increase in the number of general cases is largely due to the increasing demands made by old people who would otherwise require institutional care.

At the present time the Domestic Help Service has outgrown the existing scheme and it is felt that considerable expansion and reorganisation of the Service is necessary in order to meet the growing demand for assistance.

A recent survey has confirmed the need among many old people. Assistance is required in household duties and shopping for persons suffering from crippling defects and poor general health. Poor sight, deafness, general debility, disablement after accidents, high blood pressure, heart and rheumatic conditions are particularly liable to disable the aged. In order to meet such a need, and to enable the patient to remain in his home, it may be necessary to provide a Domestic Help for life, and in view of the ageing structure of the population the demand for this service must inevitably increase.

WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

By A. J. BAKER, Superintendent

"And if the blind shall lead the blind, both shall fall into the ditch."—Matthew xv, 14

All the welfare services previously provided for blind and partially-sighted persons have been continued during the period of review but there have been certain additions to these facilities, which will be dealt with in detail later in the report.

It is felt appropriate, however, to mention in the first instance that the welfare service provided for blind persons has attracted the attention of the Working Group set up by the Blind Persons Committee of the National Advisory Council on the Employment of the Disabled. Sheffield was one of six authorities invited to send representatives to London in November, 1956, to appear before the Working Group, who are considering the subject of the social rehabilitation of Blind Persons and in particular the attendance of Blind Persons at residential rehabilitation centres.

Another matter of satisfaction was that, following the biennial inspection of the Welfare of the Blind Department by officers of the Ministry of Labour and National Service, the report makes the interesting comment that "the Workshops were notable for the close staff relationships prevailing and for concerted industrial effort. There was energetic activity at all levels."

Last year's report dealt with the Care of the Elderly in some detail and this matter has again received special consideration in view of the fact that now almost exactly half of the persons on the blind register are over 70 years of age (505 out of 1,005). Another District Social Centre was opened during the year at Hillsborough, and a centre can now be conveniently reached by persons resident in all parts of the city. Another item mainly affecting the older blind was the decision of the Committee to make an annual contribution to the Nuffield Talking Book Library for the Blind, so that local persons using the Library (there were 37 at 31st March, 1957) may now receive pre-paid labels for the return of their talking book records to the Library for exchange. This brings the service into line with that provided for those using Braille or Moon books from the National Library for the Blind at Manchester. Blind persons, like sighted persons, thus get a free library service of the kind appropriate to their needs.

Also worthy of special mention was the decision of the City Council in June, that Blind Persons' Guide Dogs should be carried free on Corporation buses and trams. At the end of the year, seven persons were holding the necessary permits. Two of these persons are employed at the Welfare of the Blind Department and the kennel accommodation was inspected during the year by Capt. N. Liakhoff, M.B.E., the Director of Training of the Guide Dogs for the Blind Association, who made special mention of the excellent facilities provided.

REGISTRATION STATISTICS at 31st DECEMBER, 1956

TABLE A.—Classification of Registered Blind Persons by Age Groups

Age Group	Total Register (Age at Dec. 31st, 1956)			New Cases Registered Jan. 1st 1956 to Dec. 31st, 1956 (Age at Registration)		
	M.	F.	Total	M.	F.	Total
0	—	—	—	—	1	1
1	—	2	2	—	1	1
2	2	1	3	—	—	—
3	1	—	1	—	—	—
4	—	2	2	—	—	—
5—10	7	10	17	1	—	1
11—15	4	4	8	—	—	—
16—20	8	3	11	1	—	1
21—30	18	8	26	1	—	1
31—39	24	22	46	—	1	1
40—49	42	39	81	1	—	1
50—59	72	42	114	3	4	7
60—64	37	41	78	4	3	7
65—69	43	68	111	2	11	13
70 and over ..	189	313	502	39	59	98
Unknown	2	1	3	—	—	—
TOTALS ..	449	556	1,005	52	80	132

TABLE B.—Ages at which blindness occurred

Age Group	Total Register			New Cases Registered Jan. 1st, 1956 to Dec. 31st, 1956		
	M.	F.	Total	M.	F.	Total
0	37	47	84	1	2	3
1	7	10	17	—	—	—
2	4	2	6	—	—	—
3	3	2	5	—	—	—
4	3	3	6	—	—	—
5—10	17	23	40	—	—	—
11—15	6	11	17	—	—	—
16—20	14	6	20	2	—	2
21—30	39	20	59	—	1	1
31—39	32	35	67	—	1	1
40—49	47	33	80	1	1	2
50—59	45	50	95	3	3	6
60—64	25	36	61	3	4	7
65—69	31	56	87	4	12	16
70 and over ..	102	184	286	36	55	91
Unknown	37	38	75	2	1	3
TOTALS ..	449	556	1,005	52	80	132

**TABLE C—Blind persons age 16 and upwards
not living at home**

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Residential accommodation provided under Part III of the 1948 Act, Section 21			
(a) Homes for the Blind	12	10	22
(b) Other Homes	4	3	7
Other Residential Homes	1	4	5
Mental Hospitals	9	11	20
Mental Deficiency Institutions	2	3	5
Chronic Wards of Hospitals	10	16	26
TOTALS	38	47	85

In addition, one blind person (male) under 16 was a patient in a Mental Deficiency Institution at 31st December, 1956.

TABLE D.—Blind Population Statistics

The following table summarises the position as to the age groups of registered blind persons in Sheffield during each of the years in which the Department has maintained statistics since the City Council took over the service in 1927. The position at March 31st is shown for the years 1929 to 1952, and at December 31st for the years 1952 to 1956.

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

<i>Year (at March 31st)</i>	0-5					5-16		16-21	21-30	30-40	40-50	50-60		60-70	<i>Over 70</i>	<i>Total</i>	
1929	4					31		30	41	66	81	138		142	143	676	
1930 ..	3					29		32	43	67	85	136		149	153	697	
1931 ..	3					33		34	42	66	88	125		164	170	725	
1932 ..	4					29		33	48	67	85	138		178	176	758	
1933 ..	8					26		26	57	66	94	132		183	181	773	
1934 ..	7					23		28	51	72	92	134		196	183	786	
1935 ..	5					28		21	51	74	88	139		193	207	806	
	0-1		1-5						21-40			50-65		65-70			
1936 ..	—		3			28		18	123		87	230		104	211	804	
1937 ..	—		4			26		16	116		86	233		101	222	804	
1938 ..	—		2			28		11	113		89	241		111	226	821	
1939 ..	—		1			29		13	113		93	256		138	228	871	
1940 ..	—		1			29		13	105		96	259		129	223	855	
1941 ..	—		1			28		13	105		93	255		115	240	850	
1942 ..	—		1			26		18	103		89	245		119	257	858	
1943 ..	—		2			22		14	105		83	230		136	309	901	
1944 ..	—		?			20		19	108		86	218		138	332	921	
1945 ..	—		2			20		17	103		85	219		124	349	919	
1946 ..	—		2			18		13	109		84	207		129	360	922	
1947 ..	—		2			13		14	103		86	208		112	383	921	
1948 ..	—		1			14		9	106		78	213		96	385	902	
1949 ..	—		3			12		10	100		74	216		90	401	906	
	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Un- known	Total
1950 ..	1	—	1	—	2	7	8	10	36	68	66	131	82	96	430	—	938
1951 ..	—	—	2	2	1	9	9	12	33	59	75	126	82	104	428	5	947
1952 ..	—	3	—	2	3	8	10	12	37	57	82	127	89	97	417	5	949
<i>At Dec. 31</i>																	
1952 ..	—	3	2	—	2	11	11	11	32	55	78	130	79	96	430	5	945
1953 ..	1	1	6	2	1	12	12	11	31	55	82	117	77	113	432	5	958
1954 ..	1	2	2	5	2	15	7	13	28	51	82	125	66	105	467	4	975
1955 ..	—	3	2	2	6	14	6	11	30	46	88	114	72	113	480	3	990
1956 ..	—	2	3	1	2	17	8	11	26	46	81	114	78	111	502	3	1,005

TABLE E.—Distribution of Local Blind Persons

Children, age under 16

				M.	F.	Total	M.	F.	Total
Under 2 At home				—	2	2	—	2	2
Age 2—4+ ..	Educable	At home	..	3	3	6			
	Ineducable	At home	..	—	—	—			
							3	3	6
Age 5—15+ ..	<i>Educable :—</i>								
	Attending school		..	7	8	15			
	Not at school		..	—	1	1			
	<i>Ineducable :—</i>								
	In Mental Deficiency Institution	..	..	1	—	1			
	At home	..	..	3	5	8			
							11	14	25
							14	19	33

Education, Training and Employment

Educable—At school : 16—20 2 — 2 2 — 2

Employed

(a) *In Workshops for the Blind*

16—20	..	..	..	—	—	—
21—39	..	..	..	11	4	15
40—49	..	..	..	19	5	24
50—59	..	..	..	12	4	16
60—64	..	..	..	3	1	4
65 and over	..	..	..	—	1	1
					45	15 60

(b) *As Approved Home Workers* . . .

40—49	..	..	..	1	—	1
50—59	..	..	..	—	1	1
<hr/>						
					1	1
						2

(c) *All others*

16—20	..	..	..	1	1	2
21—39	..	..	..	14	6	20
40—49	..	..	..	9	3	12
50—59	..	..	..	7	3	10
60—64	..	..	..	4	—	4
65 and over	..	..	..	2	—	2
<hr/>						
				37	13	50
				<hr/>	<hr/>	<hr/>
				83	29	112

Undergoing Training

(a) For Sheltered Employment

$$\begin{array}{r} 2 \quad \text{---} \quad 2 \\ \text{---} \quad \text{---} \quad \text{---} \\ 1 \quad \text{---} \quad 1 \\ \hline \end{array} \quad \begin{array}{r} 3 \quad \text{---} \quad 3 \\ \text{---} \quad \text{---} \quad \text{---} \\ 1 \quad \text{---} \quad 1 \\ \hline \end{array}$$

(b) For Open Employment

$$\frac{1}{\sqrt{2}} \begin{pmatrix} 1 & -i \\ i & 1 \end{pmatrix}$$

(c) Professional or University

$$\frac{1}{3} - \frac{1}{3}$$

Not Employed

..	..	..	347	508	855
TOTAL			449	556	1,005

TABLE F.—Registration of Blindness

During the year ended 31st December, 1956, 147 names were added to the local register of blind persons and 132 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st December, 1955	990
Number registered 1st January, 1956 to 31st December, 1956 ..	132
Transfers into area	14
Re-certified	1
	<hr/> 147
	1,137
Deaths.. .. .	112
De-certified	10
Removals out of area	10
	<hr/> 132
Number on register 31st December, 1956	<hr/> 1,005 <hr/>

During 1956 the Ministry of Health decided to make further amendments to the form used for the Certification of Blindness and Partial Sight (B.D.8). In connection with certification there is now in operation in Sheffield an arrangement whereby the Senior Assistant Medical Officer of the Care and After-Care Service pays an early visit with the home teacher to newly registered cases.

TABLE G.—Blind Persons with other Disabilities

Of the 1,005 persons registered as legally blind at 31st December, 1956, 335 were suffering from some other disability. The following table classifies these persons according to the additional disability :—

Mentally disordered	17
Mentally Defective	13
Physically Defective	195
Deaf without speech	1
Deaf with speech	24
Hard of hearing	52
Mentally disordered and Physically Defective	2
Mentally disordered and Deaf with speech	2
Mentally Defective and Physically Defective	2
Mentally Defective and Deaf without speech	2
Physically Defective and Deaf with speech	7
Physically Defective and Hard of hearing	17
Mentally Disordered, Physically Defective and Hard of hearing	1
TOTAL	<hr/> 335 <hr/>

The number of registered persons suffering from some other disability in the four previous years was as follows :—1955, 324 ; 1954, 309 ; 1953, 300 ; 1952, 282.

TABLE H.—Register of Partially-Sighted Persons

<i>Age Group</i>	0—1		2—4		5—15		16—20		21—49		50—64		65 and over		<i>All ages</i>		<i>Total both sexes</i>
<i>Date</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
31st March, 1951 ..	—	—	—	—	—	—	—	—	—	2	3	3	14	18	17	23	40
31st December, 1952	—	1	—	—	17	12	3	1	2	7	8	5	22	52	52	78	130
31st December, 1953	—	—	—	1	19	13	4	2	3	6	10	7	35	70	71	99	170
31st December, 1954	—	—	—	1	19	16	4	3	7	5	8	12	46	86	84	123	207
31st December, 1955	—	—	1	1	19	14	2	2	5	4	9	11	48	91	84	123	207
31st December, 1956	—	—	2	1	19	15	3	2	5	5	8	10	53	103	90	136	226

EMPLOYMENT

(A) IN BLIND WORKSHOPS

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years :—

<i>Year ended</i>				<i>Productive Wages</i>	<i>Gross Sales</i>	<i>Less Purchase Tax</i>	<i>Total Net Sales</i>
<i>31st March</i>				£	£	£	£
1947 .. ..	..	..	..	6,441	30,976	2,380	28,596
1948 .. ..	..	..	..	7,342	39,412	3,443	35,969
1949 .. ..	..	..	..	8,216	40,651	3,107	37,544
1950 .. ..	..	..	..	7,926	34,815	2,782	32,033
1951 .. ..	..	..	..	7,547	35,818	2,882	32,936
1952 .. ..	..	..	..	8,577	38,486	3,014	35,472
1953 .. ..	..	..	..	9,157	38,329	2,173	36,156
1954 .. ..	..	..	..	9,186	40,187	1,716	38,471
1955 .. ..	..	..	..	9,850	40,877	1,731	39,146
1956 .. ..	..	..	..	10,199	41,982	1,969	40,013

The number of blind persons under training or employed in the workshops at the 31st December, 1956, is shown in the table below :—

Area				<i>Administration and miscellaneous</i>	<i>Men's Department</i>				<i>Women's Department</i>	<i>Total</i>
					<i>Basket</i>	<i>Boot</i>	<i>Brush</i>	<i>Mat</i>		
Sheffield—										
Workers	..	..	2		8	9	15	11	15	60
Trainees ..	..	..	—		—	—	—	—	—	—
Dewsbury										
Workers	..	..	—		—	—	1	—	—	1
Trainees ..	..	..	—		—	—	—	—	—	—
Rotherham—										
Workers	..	..	—		2	—	3	2	2	9
Trainees ..	..	..	—		—	—	—	—	—	—
West Riding of Yorkshire—										
Workers	..	..	—		2	—	2	2	—	6
Trainees ..	..	..	—		—	—	—	—	—	—
Derbyshire—										
Workers	..	..	—		1	—	1	—	1	3
Trainees ..	..	..	—		—	—	—	—	—	—
All Areas—										
Workers	..	..	2		13	9	22	15	18	79
Trainees ..	..	..	—		—	—	—	—	—	—

The number of blind persons on the Workshop register (79) is two more than at the 31st December, 1955.

Four names were added as under :—

<i>Area</i>				<i>Department</i>		
Sheffield	..	..	..	Mat..	..	1
Sheffield	..	..	..	Women's	..	1
Dewsbury	..	..	..	Brush	..	1
West Riding of Yorkshire	..			Mat..	..	1
				TOTAL	..	4

and two were removed :—

<i>Area</i>				<i>Department</i>		
Sheffield	..	..	..	Basket	..	1
Sheffield	..	..	..	Women's	..	1
				TOTAL	..	2

(One of the above went on to Retirement Allowance and the other died).

There were no trainees at 31st December, 1956, as against three at the previous year end.

One person was admitted for training during the year. The training course of this person was subsequently terminated because of unsuitability. Three other trainees were passed as approved workers.

During the year the Ministry of Labour increased to the maximum of £100 its contribution in respect of those blind persons on training courses in the workshops.

The following table summarises the unemployment position in the period since the War to 31st March, 1957. It will be noted that the problem has lessened in recent years.

<i>Period</i> 6 months ended :—	<i>Workers' Days Lost by reason of Unemployment</i>					
	<i>Brush</i>	<i>Basket</i>	<i>Mat</i>	<i>Boot</i>	<i>Women's</i>	<i>Total</i>
31st March, 1950	50	—	60	—	—	110
30th September, 1950	40	—	150	—	—	190
31st March, 1951	—	—	5	—	—	5
30th September, 1951	—	—	257	—	—	257
31st March, 1952	—	—	—	—	245	245
28th September, 1952	—	117	—	—	355	472
29th March, 1953	—	462	—	100	75	637
27th September, 1953	25	115	—	116	—	256
28th March, 1954	50	—	—	20	—	70
3rd October, 1954.. ..	—	—	—	—	185	185
27th March, 1955	—	—	—	—	—	—
2nd October, 1955	—	—	—	—	—	—
1st April, 1956	—	—	—	20	—	20
30th September, 1956	—	—	—	—	—	—
31st March, 1957	—	—	—	20	—	20
TOTALS	165	694	472	276	860	2,467

(It should be noted that unemployment in the Women's Department affected married women only).

The employment position in 1956 was again very satisfactory and only one man—a clogmaker—was unemployed, and in his case for four weeks only in February, 1957. Trade was so good that overtime working was necessary in the brush, basket, and mat departments. Nevertheless, it is always important to keep the trade position under review and letters were sent to all Local Authorities in the immediate vicinity giving details of the products of the workshops. The purchases by those authorities having employees in the workshops were also kept under review. The contribution which these Authorities make towards overhead expenses was revised upwards during the year to meet increased costs.

The sales of Thrift Tickets continued during the year. Cash received from 10th November, 1952—the date the Scheme was restarted after the war—to 31st December, 1956, totalled £3,804 4s. 1d. The value of tickets exchanged for goods in the same period was £3,649 17s. 7d.

Among many visitors to the Welfare of the Blind Department during 1956 were two from overseas, namely—Mr. Matthew K. Brenya (Gold Coast Blind School), and the Rev. H. V. Becker of Salt River, South Africa.

The Superintendent again served on the General Executive of the National Association of Workshops for the Blind.

The Scheme of Payments to Blind Workshop Employees, which has operated since 29th October, 1951, has been amended as necessary.

At 20th May, 1957, the scheme was as follows :—

- (1) That the standard payment rate for blind male workshop employees be £8 5s. 10d. and that the rate for females be 75 per cent. of this rate, viz. :—£6 4s. 4½d. per week ; these rates to be used for sickness and holiday payments.
- (2) That the standard 5 day working week be—males 40 hours and females 35 hours.
- (3) That with regard to the qualifying earnings figures which are based on the appropriate piece-work basis time rates for each trade, it will be appreciated that these are subject to revision from time to time as required.
- (4) That there be a standard augmentation rate for each group of workers, provided the workers reach the qualifying earnings figure as set out in the following scale :—

	<i>Qualifying Earnings</i>	<i>Augmentation</i>	<i>Total Payments</i>
	£ s. d.	£ s. d.	£ s. d.
MALES			
Brush pan hands	2 18 4	5 7 6	8 5 10
Brush drawn hands	2 7 0	5 18 10	8 5 10
Basket Department	2 12 3	5 13 7	8 5 10
Mat Department	3 0 0	5 5 10	8 5 10
Boot Department	2 11 2	5 14 8	8 5 10
Rush Seating	2 4 1	6 1 9	8 5 10
FEMALES			
Caning and Seagrass Seating workers ..	1 6 2	4 18 2½	6 4 4½
Flat machine	1 10 10	4 13 6½	6 4 4½
Round machine (also weaving, netting and light basket work)	18 3	5 6 1½	6 4 4½

Those who receive the above payments will be regarded as qualified workers.

- (5) That workers' earnings be reviewed at six-monthly intervals ; special reports to be presented in respect of those operatives who do not qualify in accordance with the foregoing scheme. The Disabled Persons Welfare Sub-Committee can deal with these cases on their merits.

(B) IN APPROVED HOME WORKERS SCHEMES

At 31st December, 1956, there were two approved home workers and these were employed as under :—

Music Teacher	..	..	..	..	..	..	..	..	1
Piano Tuner	..	..	..	..	..	..	..	..	1

During the year, officers of the Ministry of Labour and National Service submitted a satisfactory report on the facilities provided in respect of home workers.

The Committee has also agreed to improvements in the conditions in regard to sickness and holiday payments to approved home workers.

(C) IN OPEN INDUSTRY AND ELSEWHERE

At 31st December, 1956, 50 blind people were employed outside the local blind workshops. Their occupations are as follows :—Agents, collectors 3 ; Basket worker 1 ; Mattress Maker 1 ; Woodworker 1 ; Typists 2 ; Shopkeepers 3 ; Domestic workers 2 ; Factory operatives 6 ; Home Teacher 1 ; Labourers 12 ; Masseurs 2 ; Packers 2 ; School Teachers 2 ; Telephone operators 9 ; Miscellaneous 3.

The following table shows the distribution of all employed blind persons from 1936 :—

<i>Year at March 31st</i>						(a) <i>Blind Workshops</i>	(b) <i>Home Workers</i>	(c) <i>Employed elsewhere</i>	<i>Total</i>
1936	..	..	..	..	..	92	2	22	116
1937	..	..	..	..	..	84	2	17	103
1938	..	..	..	..	..	78	4	22	104
1939	..	..	..	..	..	79	4	20	103
1940	..	..	..	..	..	76	5	17	98
1941	..	..	..	..	..	77	6	15	98
1942	..	..	..	..	..	79	5	17	101
1943	..	..	..	..	..	73	5	34	112
1944	..	..	..	..	..	77	5	33	115
1945	..	..	..	..	..	75	5	34	114
1946	..	..	..	..	..	80	6	35	121
1947	..	..	..	..	..	77	6	43	126
1948	..	..	..	..	..	80	6	40	126
1949	..	..	..	..	..	76	5	39	120
1950	..	..	..	..	..	66	3	46	115
1951	..	..	..	..	..	64	3	47	114
1952	..	..	..	..	..	62	3	49	114
<i>Year at December 31st</i>									
1952	..	..	..	..	..	60	3	51	114
1953	..	..	..	..	..	58	3	44	105
1954	..	..	..	..	..	59	3	47	109
1955	..	..	..	..	..	60	2	49	111
1956	..	..	..	..	..	60	2	50	112

OTHER WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

VISITATION AND LESSONS

The following table gives details of the visits paid and lessons given by the eight members of the home teaching staff of the Department during the period. It should be noted that for the period 17th March—23rd July, 1956, there was one vacancy on the home teaching staff, although during part of this period one temporary part-time home teacher was employed.

	BLIND PERSONS		PARTIALLY SIGHTED PERSONS	
	<i>Jan. 1st to Dec. 31st. 1955</i>	<i>Jan. 1st to Dec. 31st. 1956</i>	<i>Jan. 1st to Dec. 31st. 1955</i>	<i>Jan. 1st to Dec. 31st. 1956</i>
Visits paid for special reasons ..	979	1,136	124	214
Visits of routine character ..	4,089	4,170	478	584
Individual lessons given	565	611	11	7
Social services rendered	273	232	15	21
TOTALS	<u>5,906</u>	<u>6,149</u>	<u>628</u>	<u>826</u>

In addition to the above, 42 visits were paid to hospitals where 591 blind persons were seen in the year ended 31st December, 1956.

Facilities were again given by the Committee for the home teachers, by rota, to attend the usual conferences, the weekend school arranged by the North Regional Association for the Blind, and also the special refresher course on the welfare of the deaf-blind. There is little doubt that the exchange of news, ideas, experience and knowledge at these gatherings greatly helps to keep the home teaching service up-to-date and efficient.

The Committee acted as Hosts to a Conference in Sheffield of Home Teachers of the Blind arranged by the North Regional Association for the Blind.

EMBOSSSED LITERATURE

The Committee has continued its grant to the National Library for the Blind. This service continues to be very popular.

Details of book issues :—

	<i>April 1st, 1955 to March 31st, 1956</i>	<i>April 1st, 1956 to March 31st, 1957</i>
Volumes issued direct by the National Library	5,583	5,195
Volumes issued from Sharrow	702	600
TOTALS	<u>6,285</u>	<u>5,795</u>

HANDICRAFT CLASSES

These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 90 classes in the period of review, the average attendances for men being 29 and women 27.

The special fortnightly classes for the deaf-blind were again very much appreciated, transport arrangements being made to convey the members to and from the workshops by car. There were 20 classes, and the average attendance was 17.

The Saturday morning Woodwork Handicraft Class, under Mr. A. L. Robinson, was also continued and the average attendances was five.

DISTRICT SOCIAL CENTRES

(a) *Broomhill*

The first centre, which was opened in April, 1949, continued to make very satisfactory progress during the period. 21 fortnightly meetings were held in the Broomhill Welfare Centre, Taptonville Road, and the average attendance was 17.

(b) *Firth Park*

The second centre was opened in January, 1952, at the Firth Park Welfare Centre. 23 fortnightly meetings were held during the year and there was an average attendance of 31.

(c) *Manor*

A third Centre was opened in January, 1954, and this is held at the Manor Welfare Centre, Ridgeway Road. 25 fortnightly meetings were held and there was an average attendance of 24.

(d) *Sharrow*

A fourth Centre was opened in May, 1954. This is held in the Concert Hall at Sharrow Lane. 21 meetings were held and there was an average attendance of 23.

(e) *Darnall*

A fifth Centre was opened in January, 1955, and is held at the Darnall Labour Hall. 22 fortnightly meetings were held and there was an average attendance of 19.

(f) *Hillsborough*

A sixth Centre was opened on August 30th, 1956, and is held at the Co-operative Hall, Middlewood Road. Eight fortnightly meetings were held and there was an average attendance of 23.

CHILDREN'S WELFARE CENTRE

This centre was opened at the Parson Cross Nursery in March, 1955. On February 3rd, 1956, it was transferred to the Nursery premises at Carbrook. The experiment has proved a great success and could not have been achieved without the untiring efforts of the staff who undertook this pioneer work. The Centre is believed to be the only one of its kind for blind children in the country.

At the end of 1956, eight children were on the register, and from January 2nd, 1957, the Centre has opened two days per week.

TRAVELLING FACILITIES FOR BLIND AND PARTIALLY SIGHTED PERSONS

When the Public Service Vehicles (Travel Concessions) Act, 1955, became operative, the City Council decided to exercise its powers under the Act so as to grant travel concessions to the maximum extent permissible to the Council. So far as legally blind persons who were registered with the Sheffield City Council under the National Assistance Act were concerned, this meant the restoration of the free travel concessions which operated up to 30th September, 1954. The restriction in regard to the purpose of travel was removed.

At December 31st, 1956, 514 blind persons and 17 partially sighted persons were pass-holders.

PROVISION OF HOLIDAYS

This scheme again operated in 1956, in accordance with the rules which have been in force since the scheme was first introduced in 1950. They are :—

- (a) Financial assistance to be given for holidays in Holiday and Rehabilitation Homes or elsewhere, as authorised in the approved scheme, where facilities are not available through the Care and After-Care Service or from any other source.
- (b) Assistance to be limited to the first hundred applications, those assisted in one year to foot the next year's list. Train or coach fare up to 30/- per person and a grant of 30/- per person towards maintenance expenses to be made, the balance to be paid by the blind person. No grant to exceed £3 per person.
- (c) All applicants must be in receipt of a National Assistance Allowance or payments which do not exceed the allowance to which the blind person would be entitled if that person were in receipt of National Assistance Allowance.

CHIROPODY TREATMENT AND THE DISTRIBUTION OF COMFORTS

Both these services—available to blind persons only—were continued in 1956. The chiropody treatment scheme has been available since 1943 to blind persons who satisfy the conditions approved by the Committee. The distribution of Comforts (Bovril, Horlicks, Ovaltine, Ribena, etc.) to house bound and invalid persons was made on the same scale as in previous years.

WIRELESS SETS

The Department has employed a full-time wireless mechanic since 1947, to service the sets received from the British Wireless for the Blind Fund. 412 of these sets were in service at the 31st December, 1956. Maintenance was also carried out on 156 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale ; those in full-time employment pay full cost. During the period under review, 97 sets were returned to the Department owing to deaths or receiver defects. 45 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below :—

	<i>January 1st, 1955 to December 31st, 1955</i>	<i>January 1st, 1956 to December 31st, 1956</i>
Service visits paid	629	602
Repairs carried out at the Workshops	61	78
Sets issued to blind persons for first time	76	68
Sets issued for replacement purposes	25	43

This service was extended during 1955 to certain persons on the Partially Sighted Register. Nine gift sets have now been allocated and eight privately-owned sets have been repaired. All these 17 sets are being maintained by the mechanic.

BATH TICKETS

The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Committee jointly continued to meet the cost to enable blind people to have free baths.

PROVISION OF ENTERTAINMENT

As in previous years, concerts were held monthly in the hall at Sharrow Lane, and thanks and appreciation were tendered to the following who arranged concerts :—

Beauchief Singers (Miss E. Mann).

Mr. C. J. Fowkes and Party.

Joysters Concert Party.

Laughtermakers' Concert Party.

Laycocks' Musical and Dramatic Society.

St. Oswald's Church (Millhouses) Pantomime Company.

Southey Methodist Church Choir.

The Versatilians Variety Show. (twice).

Complimentary tickets, from societies holding concerts, etc., were also received on many occasions, for distribution to blind people. The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1956-57 for all first and reserve team matches at Hillsborough. Sheffield United Football Club also kindly allocated six free stand tickets for use at Bramall Lane during the same period. Mr. I. Stewart kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

GUILD OF BLIND GARDENERS

A number of local blind men for the first time in 1955 joined the above Guild, its object being to encourage gardening among the blind, and there appears to be increased interest in this hobby. A few men on the local register have, for a number of years, been very proficient gardeners and one was a prize winner in the 1956 Garden Competition arranged by the Housing Committee of the City Council.

With the increased interest in gardening a first show of Garden Produce grown by the blind persons was held in September, 1956, and it is hoped to make this an annual event.

RECREATION CLUB

The two Chess Teams again had a good season in 1955-56. The first team was again in the Final round for the Davy Cup.

CRICKET TEAM

This was formed in 1955 and the 1956 season was at least as successful as the Club's first season, in spite of the poor weather. Six matches were played. They were home and away matches against Leeds, Manchester and the School for Blind Children. Although only one was won, the games were thoroughly enjoyed by all who played in them.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The above Committee, which was formed in January, 1948, co-ordinating the welfare work now being done by the Royal Sheffield Institution for the Blind and this Department, continued its activities. The regular features which had proved popular in the past were continued and there was the usual joint seaside outing. The destination in June, 1956, was Cleethorpes.

WELFARE SERVICES FOR THE DEAF

by A. J. DEAN, Superintendent

" *Your tale, sir, would cure deafness.*"

—William Shakespeare (The Tempest).

The Sheffield City Council set up a direct welfare service for the Deaf on the 1st June, 1955, being one of the first local authorities in the country to do so. The last report covered from the 1st June, 1955 to 31st March, 1956 : this report is for the year 1956 so that some of the figures quoted will overlap those produced previously.

Welfare work for the deaf is carried out under the National Assistance Act, 1948, the authority's scheme having been approved by the Ministry of Health.

The Act does not define the term "deaf or dumb." The persons to whom the scheme applies can conveniently be divided into two groups :—

(a) *The Deaf*—often described as the "deaf and dumb". This class includes persons who were born deaf and also persons who lost their hearing so early in life that they have little or no recollection of sound and have had to be educated in the same way as those who were born deaf. Few succeed in acquiring the use of normal speech. The great majority use only a manual sign language or a combination of signs and restricted speech, in which the power of self-expression is limited and in any case varies considerably with the individual. Many are unable to read fluently and can do no more than gather the general substance of simple printed matter.

(b) *The Hard of Hearing*—those who have lost their hearing wholly or in part after acquiring ordinary speech and after being educated as hearing persons.

This report is consequently divided into two sections, the first part dealing with the deaf.

The Deaf.—The number on the deaf register on the 31st December, 1956 was 356, the same figure as at the end of 1955. Unlike the register of General Classes of Handicapped Persons, which is increasing as new cases are notified and the authority's work becomes known, the register for the deaf remains almost static, for the reason that most of those who are on the deaf register are congenitally deaf or have suffered an illness so early in life that it has been necessary for them to be educated at a Special School for the deaf. The following tables emphasise this :—

Degree of Deafness	AGE AT ONSET OF DEAFNESS										Totals under 5 years
	Under 1 year		1 year		2 years		3 years		4 years		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Total	101	74	11	5	8	5	11	8	10	4	237
Severe	8	10	4	3	1	3	2	3	—	2	36
Slight	1	3	—	—	—	—	—	—	—	—	4
TOTALS— both sexes ..	197		23		17		24		16		277

From the above figures it can be seen that 277 people on the register out of the 319 cases where the age of onset of deafness is known, have become deaf prior to normal school attendance age. It will also be noticed that the largest group of 197 were deaf before they were one year old.

The table below shows that a further 42 persons on the register lost what hearing they had between the ages of five and fifteen years, *i.e.* during school life.

Degree of Deafness	AGE AT ONSET OF DEAFNESS														Totals aged 5 and under 15 years
	5 years		6 years		7 years		8 years		9 years		10 years		11 and under 15 years		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Total ..	1	7	4	3	1	5	—	—	2	2	2	1	1	2	31
Severe ..	—	3	—	1	1	2	—	—	1	2	—	—	—	—	10
Slight ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
TOTALS—both sexes	11		8		10		—		7		3		3		42

Because deafness is a disability that cannot be seen and because the extent of its handicap cannot easily be appreciated, it has not received in the past the understanding and sympathy which has been extended to other types of handicap. On many occasions, after the Welfare Officer has spoken about deaf people, or tried to place a deaf person in employment, it is said to him, “I did not realise what a great handicap deafness is.”

Deaf people may be admitted to school at the age of two or three and do not leave until they are at least 16 ; in some cases, where the child has been fortunate enough to attend the only Grammar School for the deaf in the country, he or she may be 18 or 19 when leaving school. The age of leaving school or the degree of deafness makes very little difference to the number of difficulties the young persons encounter. Not only are they passing through the normally difficult adolescent period but, in addition, they have left the shelter of the deaf school where they have been among similarly handicapped persons in harmony one with the other. The shelter of understanding has been left behind and for the first time in their lives the young deaf persons find themselves in an unknown and, in many instances, unsympathetic hearing world. As has been pointed out elsewhere, “For the deaf, who are more cut off than most other disabled persons from their social environment, owing to the difficulties of communication, there is a particular likelihood of nervous instability and a constant need to avoid at all costs frustration in regard to employment”.

As an illustration of this point, two youths born in May, 1939, have had four and six jobs respectively during the year. This instability has caused situations at home which the parents have had great difficulty in handling. This is another facet of the disability of deafness with which the Welfare Officer is called upon to deal. In general, however, the deaf

are no more prone than other individuals to change their work frequently. There are indeed a larger number of deaf persons who have been employed at the same firm for 20 or 30 years or more.

Employment.—As was said in the last report it may be thought that finding work, in these days of full employment, would be an easy matter, but this is not so. Quite often five or six attempts may be made before a suitable vacancy is found, as is illustrated below :—

VISITS WITH A VIEW TO PLACEMENT, 1ST JANUARY TO
31ST DECEMBER, 1956.

Visits to works	346
Visits to homes	63
Visits to Disablement Resettlement Officer and Youth Employment Service	57
Follow-up visits to works	33
TOTAL ..	<u>499</u>
Number of Placements made	50

It will be seen that nearly 500 visits have been made in the placement field. In the smaller firms there is a more personal approach and, even though the deaf man has to be “ sold ” to the employer, it may not take so much of the officer’s time as in the larger firms, where the personnel officer is often hesitant about employing deaf labour and takes the Welfare Officer along to discuss it with the Works Manager, who in turn may contact the departmental head and then the foreman. All this may take half a day of the officer’s time and a placement is not always obtained. In many cases the employer feels that the difficulties of communication and the giving of instructions are insurmountable, or that there is a possible greater accident risk when employing deaf labour. Fortunately, the Welfare Officer is often able to convince the employer that both these and other difficulties can be overcome ; it is the usual experience that once employers have been persuaded to accept a deaf person, they are then quite ready to engage other similarly handicapped employees, having discovered that the deaf are reliable workers.

It is a common assumption that the deaf can be employed as shoe repairers and little else. Although it is quite true that a large number are so employed, it can be seen from the details given below of some of the jobs found during the year, that there are many other types of occupation the deaf person can follow when given the opportunity :—

Wiring up (Cutlery trade) (2), Bakery work—general labouring and plant operatives (10), Packer—sweet, biscuits (3), Plumber, Fireplace fixer (1), Joiner (1), Woodworking machinist (2), Cutlery Case Liner (3), Instrument Assembly (1), Upholstery (1), Apprentice Hardener (1).

We have worked very closely with the officers of the Ministry of Labour and a very pleasant co-operation has been the outcome. In the case of juveniles, we have had similar co-operation with the Officers of the Youth Employment Bureau of the Education Department.

Most of the home visits have been either to discuss with the parents the type of work they would like their son or daughter to follow, or to discuss with a man and his wife the pros and cons of one or the other changing employment. The follow-up visits have been made to firms who have engaged deaf employees. This is a most important part of placement work and is much appreciated by employee and employer alike ; it enables the officer to put right any misunderstandings that may have arisen and also to maintain contact with an employer with a view to any future vacancies. It is unfortunate that at present we are unable to do as much of this follow-up work as we would like.

Routine and Social Visits.—During the year we have continued to make routine visits to the deaf in their own homes, as well as in answer to ad hoc calls for assistance. We have not been able to make the former type of visit as regularly as we would have liked. It would seem desirable that we should try to visit each home quarterly, and it is hoped that we shall be able to do this in due course. The aged are, of course, visited more frequently, as are those who are sick at home or in hospital. It can be seen from the table given below that, in addition to the domiciliary visits made in connection with placement in employment, over 800 other calls have been made to the deaf in their own homes.

VISITS—ROUTINE AND SOCIAL—1ST JANUARY TO
31ST DECEMBER, 1956

Domiciliary—Routine	710
Domiciliary—On request	35
To Hospitals and Institutions	14
Others	58
TOTAL ..	<u>817</u>
Visits to office by deaf persons	423

These visits are mostly of a social nature ; the officer calls to see that all is well, not only with the person or persons on the register but also to enquire about other members of the family and to discuss any difficulties that may have arisen since his last visit. Quite often the deaf person is so pleased to have a chat with someone who understands him that the visit lasts considerably longer than is strictly necessary for the purpose of the visit.

There have also been a large number of calls by deaf persons at the Office in Town Hall Chambers. The caller has a problem on which he requires advice or assistance, and in many cases the Welfare Officer is the only person he can ask. The variety of subjects on which the officer's advice is sought cannot be listed or charted ; so many of these problems are of a personal nature. Some are created by lack of understanding, either by others or by the deaf themselves ; quite often the difficulty is one of communication.

A large amount of the work carried out consists of the smoothing out of problems that have arisen as a result of the lack of communication. Whilst it is difficult, if not impossible, to define where welfare work ends and interpretation begins, for record purposes details have been kept of cases of interpretation for other bodies. They are given below :—

INTERPRETATIONS CARRIED OUT—1ST JANUARY TO
31ST DECEMBER, 1956

At Hospitals or at Doctors' Surgeries	..	..	..	..	15
At National Assistance Board	..	..	..	..	2
At a Court or for Police	..	..	..	..	12
Others	..	..	..	..	32
TOTAL					<u>61</u>

Interpretation is not just a case of the officer knowing the difference between one sign and another. The officer must understand the meaning behind the words used by the deaf person, as quite often, owing to the lack of language, the word used does not necessarily have the meaning the deaf man is trying to convey. Members of the public often assume that because they have spoken very carefully for the deaf person to "lip read" or have written something on a piece of paper, the deaf person will know exactly what they are trying to communicate. This is not necessarily so, indeed the reverse is often the case. There are those who are good lipreaders and those with a good vocabulary and a reasonable command of language to whom the above would not apply, but they are in a minority.

At Christmas all the elderly deaf people on the register were visited. Gifts of food or comforts, some provided by courtesy of the "Sheffield Telegraph," were given to all who appeared to be in need. This gesture during the festive season was much appreciated by the recipients.

During the year, it was found possible to make office accommodation available in Town Hall Chambers. This move to premises in the City Centre has made it easier for deaf to call and has also resulted in a more satisfactory administrative arrangement.

The Hard of Hearing.—On the 31st December, 1956, there were 199 persons on the Hard of Hearing register. It should be recalled that in accordance with the classification given on page 173, some of the persons on this register are totally deaf.

There is in the City a voluntary organisation, the “ Sheffield Club for the Hard of Hearing,” which caters for the social needs of this class and which is aided by grant from the Corporation. Its officers also carry out some welfare work, but if there seems to be a need that could be better met by the Corporation Service, our Welfare Officer is informed. We have assisted, for example, by installing a “ silent bell ” (which operates the lights in the house instead of a bell), by giving a travel pass to a necessitous case to enable the recipient to participate in the activities organised by the Club, and by Christmas gifts to a number of the sick and aged.

The Officers of the Club are always ready to help at any time and have welcomed the Welfare Officer on his occasional visits to the Club.

Three Hard of Hearing persons who are not members of the Club have been found employment through the direct agency of the Corporation's officers during the year.

WELFARE SERVICES FOR OTHER HANDICAPPED PERSONS

NATIONAL ASSISTANCE ACT, 1948

(Sections 29 and 30)

By JEAN B. PARKER, M.B., Ch.B., (Senior Assistant Medical Officer)

"Strengthen ye the weak hands."—Isaiah xxxv, 3

The Council's schemes for the welfare of handicapped persons other than the blind, as outlined in the Ministry of Health Circular 32/51, are now well established and are being expanded as the requirements of the handicapped become known.

The registrations of handicapped people have continued to increase—143 were registered during the year, making a total of 834 on the register at the end of 1956. Information is received from general practitioners, hospital almoners and officers of the Ministry of Labour and National Assistance Board. An increasing number is also reported by health visitors, home nurses and public health inspectors.

On notification, the patient is seen by the Medical Officer who is employed in the Care and After-Care Service. The majority are seen at home so that full assessment of their needs and those of the family can be made ; some prefer to be interviewed at the Public Health Department. Liaison between the Medical Officer and General Practitioners is maintained so that consultations with regard to the changing needs of the patient can be made. The general practitioners have given help and advice in diverse ways.

The handicraft classes established in 1953 at various Centres in the City have continued to be successful. The Centres at Parson Cross and Manor are open on two days a week. Those who require special transport are taken there one day, whilst those who can use public transport attend the centre nearest their homes twice a week. An increasing number want to join handicraft classes who cannot, without help, leave home. The addition of a second vehicle has done much to allow a greater number to attend, but transport of severely disabled persons is a problem which grows with the increasing number of notifications of non-ambulant patients. At these two centres the work is graded to suit the requirements of the individual, and varies from handicrafts to production of saleable articles such as clothes props, milk bottle holders, etc. These men attend all day and have a hot dinner at midday at the centre.

The Centre at Swinton Street was opened in June, 1956. There is some machinery there and fourteen to sixteen handicapped men attend three days per week from 9 a.m. to 4 p.m. They make bookcases, cupboards, clothes horses and bases for baskets, and assemble parts of stools.

Orders for work are received from a number of sources and there is an increasing number of orders from the Welfare of the Blind Department in Sheffield and elsewhere. These men have a hot midday meal for which a small charge is made. Profits made from the sale of these articles are divided and paid to the men. They appreciate this recognition of their ability to earn and it has proved to be an incentive to their interest.

Although most of the handicapped people attending classes of this nature are men, the number of women wishing to attend a centre is growing. At present 19 women attend all day at Manor on Thursdays and of these, ten must be transported by the special bus. They enjoy the change and endeavour to produce articles which can be sold to relatives and others interested in their welfare. It is hoped that this service for women can be augmented as their needs are more fully known.

The liaison with the Ministry of Labour and National Service is excellent. The Disablement Resettlement Officers are interested to help with the placement of these handicapped men, and during the year ten men have been found jobs. It is recognised that their disablement may result in breakdown in health and, if this should happen, they can return to the Handicraft Centre for further help. Unfortunately, the serious nature of their disabilities precludes the majority from entering gainful employment but, with increasing knowledge of the causes of breakdown in health, it is hoped that more help can be given towards independence. Present experience has shown that they may be broadly classified as follows :—

1. Those who are capable of carrying out work of a useful nature under medical supervision, and for modified hours, in a sheltered workshop. The articles which these men produce are saleable in a limited competitive market.
2. Those who can work at simple unskilled jobs auxiliary to, or independent of, those classified in group 1 above.
3. Those who are only capable of work of a pastime nature and whose products will sell only to sympathetic relatives and friends. The great majority of non-ambulant patients fall into this category as the nature of their disabilities is so serious.
4. There remains a small number whose skills, by virtue of their disability and long periods of illness, are very limited. Their capacity to learn at a Handicrafts Centre might increase if arrangements could be made for them to be taken on more than one day per week.

The ages of the people attending the Handicrafts Centres range from 17 to 79 years but the emphasis has been on men in the middle-age groups.

Their needs are becoming better known to the local authority. In dealing with welfare of the handicapped, the advice of the Department is being sought by general practitioners, voluntary organisations, etc. on an increasing scale. The sub-committees and officers responsible for providing welfare services under the National Assistance Act and local health services under the National Health Service Act work closely together so that the needs of handicapped persons can be dealt with as a whole. It is only with full co-ordination that the problems of handicaps associated with chronic illness can be solved. The services already in operation, although successful, show that much more remains to be done.

Registration.—The Register of Handicapped Persons was opened in July, 1952, and information for the purpose of registration has been sought in co-operation and consultation with many statutory and voluntary bodies in the City. It should be emphasised that registration is completely voluntary. In Sheffield, the records are being kept in the form of a card index embodying the Hollerith “punched card” system, and this has proved of great assistance in the speedy collection of information that is required from time to time.

Register of Handicapped Persons (General Classes)

Number of Persons on Register (General Classes) at 1st January, 1956	..	..	700
Number of new cases registered during 1956	..	..	143
Number of cases removed from the register during 1956 (died)	..	..	9
Number of persons on Register (General Classes) at 31st December, 1956	..	834	

The disabilities of the 834 persons on the Register may be classified as follows :—

Amputation—one arm (including partial)	..	..	..	..	..	1
Amputation—one leg (including partial)	..	..	..	..	..	17
Amputation—both legs (including partial)	..	..	..	..	..	6
Arthritis and muscular rheumatism (including fibrositis)	..	..	..	..	..	65
Congenital malformation and deformities of the skeleton	..	..	..	..	..	30
Diseases of the digestive system—gastric, duodenal and anastomatic ulcers ; hernia, adhesions; diseases of intestines, rectum, liver, pancreas; colitis, rectal prolapse	..	..	..	..	..	15
Diseases of the genito-urinary system—nephritis, pyelitis, cystitis, incontinence	..	..	..	..	..	4
Diseases of the heart or circulatory system	..	..	..	..	..	71
Pneumoconiosis (including silicosis)	..	..	..	..	..	3
Asthma, chronic bronchitis, bronchiectasis, emphysema	..	..	..	..	..	56
Diseases of the skin	..	..	..	..	..	1
Eye defects other than blindness	..	..	..	..	..	1
Injuries of the head, face, neck, thorax, abdomen, pelvis, trunk	..	..	..	..	..	5
Injuries and diseases (except tuberculosis) of lower limb, upper leg, knee, ankle, foot ; loss of joint function (ankylosis)	..	..	..	..	..	10

Injuries and diseases (except tuberculosis) of upper limb, shoulder, upper arm, elbow, wrist, hand ; loss of joint function (ankylosis)	3
Injuries and diseases (except tuberculosis) of spine—curvature, spondylitis ..	16
Psychoses, psychoneurosis	34
Epilepsy	67
Other organic nervous diseases—disseminated sclerosis, paraplegia, etc. ..	184
Mental deficiency	126
Tuberculosis (respiratory)	15
Tuberculosis of spine, bones, joints	21
Poliomyelitis	51
Encephalitis	10
Pernicious Anaemia	5
Meningitis	1
Muscular Dystrophy	8
Diabetes	7
Haemophilia	1
TOTAL	834

This classification of disabilities follows closely that adopted by the Ministry of Labour.

The above cases have been notified by the following :—

Hospital Almoners	102
National Assistance Board	244
Care and After-Care Service, Health Visitors, Home Nurses, etc.	275
Ministry of Labour	25
Voluntary organisations and social workers	43
Personal applications	40
Social Care Department	2
School Health Service	27
Youth Employment Bureau	4
General Practitioners	56
Ministry of Health	7
City Councillors	4
Hospital Consultants	5
TOTAL	834

Age-Groups (General Classes)

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81— years	Total
Males ..	6	23	30	49	85	107	113	69	13	—	495
Females ..	6	28	32	52	31	83	43	38	16	10	339
TOTALS ..	12	51	62	101	116	190	156	107	29	10	834

Information Services.—As these services grow, there is less difficulty in getting handicapped persons to take advantage of them. Information regarding the centres and other services is passed to those who, by reason of vocation, deal with handicapped persons, i.e., general practitioners,

consultants. Notifications during the year have been made soon after the patient has become aware of handicap resulting from illness which is likely to be long continued or chronic.

Welfare Officers.—The general routine work is being undertaken by the Health Visitors. They are visiting the handicapped persons, calling in the specialised workers such as the psychiatric social worker, or statutory or other welfare services, where necessary. The Health Visitor is concerned with the welfare not only of the patient but of the whole family unit, and she should be regarded as the basic worker dealing with the social problems of the family, calling in other specialist visitors only where more specialised problems have to be overcome.

The general day to day problems of the family are, where necessary, reported to the Care and After-Care Service, which acts as the focal point for advice and assistance and as contact with the other social services. Thus overlapping and the subsequent wasted time is avoided, and the co-ordination of the various services effected.

Aged Persons.—The needs of the aged require fuller investigation. Problems arising from increasing disablement in the aged are often self-evident but, despite the provisions of the National Assistance and National Health Service Acts, it is not easy to find the means of amelioration. The agencies, both voluntary and statutory, which deal with the aged are well aware of the inadequacies of many of the services provided. An informal system of registration of those in failing health would probably assist in co-ordinating the services that may be made available once the need is recognised. Often the most serious problems arise where the aged are alone, without friends or relatives to help or ask for the necessary service.

Social Centres and Activities.—An important feature of these welfare schemes is the establishment of social clubs for the handicapped. These are of great value in providing contacts among both handicapped and normal persons, widening their interests and bringing the disabled to be more active members of the community. Many handicapped persons find it difficult to emerge from home isolation, either by virtue of immobility or sensitivity in facing new people and surroundings. The first step towards the rehabilitation of this type is a social club where confidence can be gained or regained to overcome disability. Such a club for the aged and disabled persons is established at the Firth Park Maternity and Child Welfare Centre. This club opens once per week and is administered in conjunction with the Sheffield Council of Social Service. Members of the Shiregreen and District Community Association act as voluntary workers in the club and the venture has proved particularly successful. The aged and disabled people themselves take an active part in its management and

an elected committee deals with internal and local affairs. There is a capacity membership of 160 and the voluntary workers report any problems that the members may have direct to the Care and After-Care Service. The average weekly attendance at the club is 130. Dr. Parker and the Superintendent of the Welfare Centre make frequent visits to the club in order to discuss the general problems of the members. These visits have been greatly appreciated and much valuable information regarding the needs of the members has been obtained.

There are facilities for games, concerts and handicrafts at the club, and refreshments are provided by the Community Association at a charge of 3d. per person. Outings to the sea and countryside, visits to the theatre, and special parties and entertainments to celebrate such occasions as golden weddings and at Christmas have been arranged. In May, 72 members spent a very enjoyable week's holiday at the sea-side at reduced rates both with regard to travel and hotel accommodation. 36 went to Torquay and a similar number to Southsea.

A sick visiting scheme has been established whereby any member of the club who is absent by reason of illness for two or more weeks receives a visit from a fellow member, who takes flowers or other suitable gift. These are purchased out of a sick fund to which each member of the club contributes 1d. per week. The friendly visits continue throughout the period of sickness and are greatly appreciated.

Facilities are provided for handicrafts at the club and sales of work are arranged. The profits of the sales are "farmed back" into the club funds, enabling considerable help to be given to the members towards defraying expenses in connection with outings, theatre parties, etc. and the replacement of materials.

A choir consisting of 36 members of the club has been formed and they entertain at other Old Peoples' Clubs and also visit the Firvale Infirmary to sing for the aged patients.

A chiropodist makes fortnightly attendances at the club at a charge of 1/- per patient per half hour session. A rota has been formed and the members are able to have treatment once every six weeks.

In addition to this club, Handicrafts Classes for disabled people have been opened at various centres in the city and, although their primary function is the provision of occupational facilities, they also act as social centres in that they provide handicapped persons, especially those who are otherwise homebound and have to be transported to the classes, with means of meeting people outside their home environment. This aspect of

the classes is felt to be particularly valuable in the breaking down of social barriers which all too often grow, or are erected around, many of the more seriously disabled people.

During the week before Christmas, the members of these Handicrafts Classes, accompanied by their husbands, wives or other companion, were entertained at a party held at the Welfare of the Blind Department. Two hundred people attended this party which began with a meal, followed by a variety show.

During November the Darnall and District Medical Aid Society invited the members of the Handicrafts Classes and relatives to attend their pantomime production of "Aladdin". This kind gesture was greatly appreciated and resulted in a most enjoyable evening for the patients and their companions. Arrangements were made for the non-ambulant handicapped to be transported in the department's special buses on both these occasions.

Transport Facilities.—Free transport facilities on Corporation tram and bus services are made available to certain handicapped persons travelling to and from their homes. Such persons must be duly registered and in receipt of an income not in excess of the scale of the National Assistance Board. This income limit may be waived where special circumstances merit the granting of travel aid.

The free transport facilities are provided in attending :—

- (i) Classes and services provided directly by the Council.
- (ii) Approved classes and services provided by voluntary organisations, and
- (iii) Other approved activities.

At 31st December, 1956, there were 44 handicapped people being assisted with regard to travel expenses when attending approved activities.

In addition to these travel facilities, arrangements have been made for the transport of non-ambulant men to the Handicrafts Classes which are held at the Parson Cross and Manor General Welfare Centres and for the transport of the spastic children who attend the Nursery at Carbrook. Two buses with adaptations suited to the disabilities of the handicapped people are now in use. These vehicles are used to the limit of their capacity and, as the demand for services increases, the transport requirements will be reviewed.

Housing.—Special attention is given to the housing difficulties of handicapped persons, but the number of disabled persons in the City who require special housing is difficult to assess. This is chiefly because an accurate assessment of the disabled has never been made, but it is hoped that the Register will eventually rectify this situation.

Certain handicapped persons have been rehoused into prefabricated bungalows but this is not always a happy solution. The doorways inside "prefabs" are very narrow and may prevent the access of a wheel chair. Thus the movements of the patient within the dwelling are restricted and this can cause hardship. In some cases the difficulty can be overcome by widening the doorways, but in certain "prefabs" the structure, electrical wiring and other fittings make this impracticable. The ideal, of course, is the provision of specially constructed dwellings with suitable appliances so as to allow the patient the maximum degree of independence. Any scheme in Sheffield for the provision of special houses for handicapped persons must take into consideration the hilly nature of the City. The houses should be sited in the more level areas so that the patient may be taken out in a wheel-chair or, if ambulant, take a short walk without undue strain.

These welfare services provide for assistance to handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of additional facilities, designed to secure greater comfort or convenience.

During the year 1956, assistance of this kind was given to 20 patients, of whom 18 required the provision of driveways in order to give access for their motor-chairs. With regard to the remaining two cases, one was provided with a handrail at the side of the steps of his house and the other was provided with a handrail along the pathway to his house.

In addition to these adaptations, various "gadgets" and appliances have been provided for handicapped people. Special tables and chairs have been provided for the spastic children attending Carbrook Nursery and also for the use of spastic children in their own homes. These tables and chairs have been made by the disabled men who attend the department's Handicrafts Centres.

There are many useful "gadgets" available to assist the disabled to overcome their handicaps, particularly in regard to the disabled housewife, and details are being kept so that handicapped persons may be advised as to their existence and usefulness and, if necessary, assisted with regard to obtaining any required apparatus.

Holiday Facilities.—The Council have decided that financial assistance in respect of holidays for handicapped persons should be a maximum of 30/- per period towards maintenance expenses plus a maximum of 30/- towards the cost of travelling expenses. This assistance is limited to those not working and in receipt of National Assistance Benefit, Widows' Pension, Retirement Pension or other similar benefit.

Handicapped persons are often unable or unwilling to take a holiday in the normal way and, in many cases, arrangements would have to be made for such persons to be accommodated at holiday homes which cater for the disabled. A specially adapted holiday home run directly by the Council would be a boon to many of the handicapped, and it is possible that there are other services which could make use of such a home. For example, in addition to ordinary holidays for the handicapped, the home could be used by patients being provided with convalescence facilities by the Care and After-Care Service (174 persons were sent to convalescent homes during 1956).

Employment or Occupation.—The Handicraft Centres have shown that occupation in congenial surroundings helps a handicapped person to surmount his difficulties. While it has not been possible to provide work which would bring financial reward, it is a means of rehabilitation and even enables a small number to resume outside employment and regain independence. The experience gained with handicapped persons is growing and the concepts of employment are changing. It is, therefore, not easy to decide the ways in which they might be employed in the future. At present the classification is as follows :—

- (a) Sheltered workshop employment, such as is available to the blind.
- (b) Home employment, if a reasonable sum can be earned.
- (c) Handicrafts and other skilled activities either at home or at a centre.

An assessment of earning power is a basic requirement and from there the aim is to bring the handicapped person to the standard needed for the type of employment to which he is best suited.

Those who are handicapped by congenital or acquired defects early in life usually require individual consideration. Vocational training may be necessary after leaving a special school. If there is a long gap while the young person remains at home and out of a job, such training presents problems. Some become accustomed to the idea of being dependent on others and this is a particular danger if the child has been overprotected.

The co-ordinating officer continues to explore new fields of possible employment for handicapped persons. The duties of this job have increased with the number of handicapped people registered under the scheme and the great number of requests for help. An assistant co-ordinating officer was appointed to assist the occupational therapist at the centres and to relieve the co-ordinating officer. The co-ordinating officer is also responsible for placement of blind persons in employment.

Particulars regarding the employment or occupation of the persons placed on the Register are as follows :—

(i) Employed in open industry	40
(ii) At Remploy or sheltered workshop	9
(iii) Employed at home	3
(iv) At Vocational Training	13
(v) Not employed but capable of and available for :—	
(a) Open employment	47
(b) Sheltered employment	208
(c) Home employment	52
(d) Handicrafts	167
(vi) Housewives	36
(vii) Retired from gainful employment	11
(viii) Incapable of or not available for work	181
(ix) Children of school age :—	
(a) At ordinary schools	3
(b) At special schools	3
(c) Receiving home tuition	4
(x) Children under school age	30
(xi) Ineducable children	27
TOTAL	834

Workshop employment.—Handicraft classes have been established at various centres in the city since June, 1953. In June, 1956, twelve men were transferred from the workshop for handicapped persons at Sharrow Lane to Swinton Street. They continue to make saleable articles, from the profits of which they are remunerated. They attend three days weekly. It is hoped that the two free days can be used to occupy some patients recovering from tuberculosis. The fullest co-operation will be maintained with the general practitioner and the consultant physicians at the Chest Clinic. The Ministry of Labour have recently asked for names of handicapped persons attending the centres who may be considered for work at Remploy : several have been submitted and it is thought that two may be employed in the near future.

Home employment.—Requests for home employment are few. During the year the occupational therapist visited and helped six persons with handicrafts. Two were men seriously ill with tuberculosis, one a young woman suffering from the same disease ; all have died. Two aged women, one suffering from hemiplegia and one from rheumatoid arthritis, together with one woman suffering from disseminated sclerosis, enjoy regular visits from the occupational therapist. One young man who suffers from a congenital condition was visited for three months and, with encouragement from relatives and the occupational therapist, he now

attends a centre once weekly. This case has been reviewed by the Consultant and there is hope that he may be considered for a motor wheel chair in the future.

Handicrafts, Crafts and other Skilled Activities.—Despite the diverse nature of the handicaps from which people suffer, it is possible to find something to interest all who attend the centres or who are helped at home. Many show skill beyond average even when, because of age or severe disability, they cannot at present be considered for employment. The desire to succeed is evident and many have improved their abilities. A few have returned to work and during this year ten have done so. Their success in overcoming handicaps helps others to try harder.

Marketing of Produce.—The aim is to encourage the handicapped persons to produce articles for sale. The Co-ordinating Officer endeavours to discover what the market requires and to supply these at prices approximate to a comparable article commercially made. The profits are pooled and distributed amongst the patients at suitable intervals. The amount received by each patient is in relation to his attendance record.

During 1956 a total of £150 12s. 5d. was distributed as compared with £82 3s. 4d. during 1955.

Training Facilities.—Arrangements have been made for an interchange of information with the Director of Education and the Regional Controllers and Local Officers of the Ministry of Labour, in order to ensure that any handicapped person capable and desirous of undergoing suitable training may have the opportunity of doing so. These facilities will include further education.

Carbrook Nursery for Spastic Children.—19 children suffering from cerebral palsy are taken by the department's special bus on one day a week (Tuesday or Thursday) : they are given a hot meal at midday. No charge is made for the service.

The parents of children suffering from this condition are relieved of strain and all are agreed that it is a service of great help to them. The children benefit by association with others and enjoy the activities which are provided by the staff. With experience, it is possible to increase the activities provided for those who are not so severely handicapped by this disease, and to find ways of encouraging those who are severely disabled.

The equipment for this nursery has been made by the men who attend the Handicrafts Centres. Equipment has also been loaned to parents for use at home.

Free Travel Facilities for Disabled Ex-Servicemen. Public Service Vehicles (Travel Concessions) Act, 1955.—The Public Service Vehicles (Travel Concessions) Act, 1955, came into force on 6th May, 1955, and, as a result, the City Council were empowered to provide free travel concessions to certain classes of disabled ex-servicemen. The whole of the administrative arrangements for the issue of free travel passes became the responsibility of the Health Committee and at 31st December, 1956, 297 persons were in receipt of such a pass. The passes are issued annually and are available to disabled ex-servicemen resident within the City, who served in either the 1914–18 or 1939–45 Wars and suffered wounds or injuries that seriously impaired their ability to walk. The passes are available on one route only except where it is necessary for the holder to travel over two routes when proceeding to and returning from work.

MENTAL HEALTH SERVICES

By G. E. B. WHILLOCK, Administrative Officer.

*"I think for my part one-half of the nation is mad—
and the other not very sound."*

—Tobias Smollett (The Adventures of Sir Launcelot Greaves).

Administration

(a) COMMITTEE RESPONSIBLE FOR SERVICE

Services provided under the Mental Deficiency, Lunacy and Mental Treatment Acts are controlled through the Health Committee, which has appointed a Mental Health Sub-Committee, and this continues to meet monthly.

(b) STAFF ENGAGED IN THE MENTAL HEALTH SERVICE

The designation and qualifications of medical staff and field workers are the same as those detailed in the 1955 Report.

Occupation Centre Staff.—There are now two full-time Occupation Centres in the City, together with two Kindergarten Centres, situated at Langsett Road and Cradock Road, for children under ten years of age. The original Occupation Centre at 259, Pitsmoor Road has been adapted to serve the needs of 75 children and 25 adult girls. The new Centre, "The Towers," Sandygate, has been equipped and staffed to accommodate 100 male trainees over the age of 12 years. The staff at the Centres is as follows :—

259, Pitsmoor Road

One Superintendent, (R.M.P.A., S.R.M.N.)

Three Supervisors (one with N.A.M.H. Diploma : one with City and Guilds Certificate)

Five Assistant Supervisors (One with N.A.M.H. Diploma and N.N.E.B.)

"The Towers"

One Superintendent (R.M.P.A.)

One Deputy Superintendent (R.M.P.A., R.N.M.D.)

One Assistant Superintendent (Occupational Therapy Qualification)

Six Supervisors

There is a vacancy for one Supervisor

Langsett Road Kindergarten Centre

One Matron (S.R.N.)

Four Nursing Assistants (One with S.R.M.N. ; three with Nursery Nursing qualifications)

Cradock Road Kindergarten Centre

One Matron (S.R.C.N.)

One Deputy Matron (S.E.A.N.)

One Assistant Supervisor (N.A.M.H. Diploma)

Two nursing assistants

Lunacy and Mental Treatment Acts.—Duly authorised officers made arrangements for the admission of 624 patients to hospital during the year, a decrease of 140 compared with 1955. The majority were admitted to Observation Wards at Middlewood Hospital, although in the earlier part

of the year a number of male patients were admitted to the Observation Wards at Fir Vale Infirmary. The Observation Wards for both male and female patients at Fir Vale Infirmary and also at Moorgate Hospital, Rotherham, have now been closed.

Patients dealt with during 1956.

1. Patients suffering from mental illness and admitted to Fir Vale Infirmary, Moorgate Hospital, Rotherham, and Middlewood Hospital mental observation wards	579
2. Patients admitted to Middlewood Hospital on Urgency Orders	2
3. Patients admitted to general wards of Fir Vale Infirmary	43
TOTAL	624

The 579 cases shown in item 1 above were dealt with as follows :—

(a) Certified and transferred to Middlewood Hospital	72
(b) Admitted as voluntary patients to Middlewood Hospital	423
(c) Admitted as temporary patients to Middlewood Hospital	7
(d) Discharged following a period of observation	57
(e) Died during period of observation	4
(f) Lapsed Orders re-admitted on Magistrates' Orders	16
TOTAL	579

As will be seen from the following analysis of admissions, there was a marked preponderance of females. As women tend to outlive men this is most noticeable in the over 65 age group. The risk of mental illness is nevertheless fairly high in both sexes at all ages over 25 years.

Age Group Analysis of Patients admitted to Observation Wards.

<i>Sex</i>	<i>0-14 yrs.</i>	<i>15-24 yrs.</i>	<i>25-34 yrs.</i>	<i>35-44 yrs.</i>	<i>45-54 yrs.</i>	<i>55-64 yrs.</i>	<i>65+ yrs.</i>	<i>All ages</i>
Males ..	1	26	44	42	50	37	45	245
Females ..	—	19	57	54	57	53	94	334
TOTALS ..	1	45	101	96	107	90	139	579

39 of the above patients were admitted on two occasions and 17 were admitted on three or more occasions.

The reduction in the number of patients admitted during the year can, in the main, be attributed to the greater use being made of the various psychiatric out-patient clinics throughout the City, and to direct voluntary admissions to Middlewood through this source. Duly authorised officers encourage suitable patients, wherever possible, to seek voluntary admission through the clinics.

It will be seen that the number of patients admitted to the general wards of Fir Vale Infirmary has more than doubled. This is due to the number of senile cases, often living alone, whose delusions and confused state of mind make it imperative that some action should be taken. In many such cases the duly authorised officers, with the co-operation of the Medical Superintendent, make the necessary arrangements and convey the patients to that Hospital.

The admission of cases direct to Middlewood Hospital has, on the whole, worked well, and the acute shortage of beds which previously existed has been almost eliminated. Some of the difficulties envisaged in the 1955 report still exist, however ; in particular, the direct admission to a mental hospital for observation often causes some distress to patients' relatives and has an adverse psychological effect on the patient himself, especially if he has insight into his condition. One advantage which has become apparent is in the number of patients admitted to designated premises who can be persuaded to remain as voluntary patients, thus obviating the need for certification.

As will be seen from the figures, 423 voluntary patients were admitted during 1956 as against 57 in the previous year. Voluntary patients can easily effect their own discharge and it is noted that, of the admissions, 56 have been re-admitted during the year, and 17 of these more than once. In certain circumstances the duration of the stay in hospital can be measured in days, and it appears that voluntary cases are prone to take premature discharges, thus making early re-admission necessary. Behaviour disorders following early discharge may cause unnecessary alarm to relatives and members of the public, and such re-admissions might be reduced if the patient were under treatment for longer periods.

Mental Deficiency Acts, 1913-1938.—The number of urgent cases on the institutional waiting list decreased during the year from 102 to 99.

The shortage of institutional accommodation has been frequently mentioned in the past, but is now less acute. This is perhaps due to the fact that discharges from institutions have become more frequent because the Board of Control has strongly advised that, where patients have been on licence from institutions for a period of twelve months, they should be discharged unless there are strong reasons to the contrary. Recent High Court decisions somewhat restrict the legal grounds on which certification is possible, and this trend in legislation causes difficulty when the detention is contemplated of adult patients who are without responsible relatives.

More temporary accommodation for defectives in times of domestic crises has been made available under the provisions of Circular 5/52. The need for temporary help to cover a period of illness or hospitalisation of the mother, or to allow the parents to take a short holiday free from the responsibility of caring for a defective child, is growing. The tendency is now to keep the child at home within the family as far as possible rather than to admit him permanently to an institution, so that these domestic crises are likely to make an increasing demand on short term accommodation facilities.

Section 30 of the Mental Deficiency Act, 1913, outlines some of the day to day responsibility of the Health Department and it is largely the function of the Mental Health Visitors to implement the provisions laid down. The City is divided into five areas, to each of which a Mental Health Visitor is appointed. There are approximately 240 defectives in each area. In line with modern opinion, one object of statutory supervision should be to keep the child within the family as long as possible. As hospitalisation, as a remedy, is receding in importance, the significance of the mental health visitor is enhanced, and she should be selected for personality and ability to deal with the difficult situations that inevitably develop when defective children remain in the home.

The Visitor should endeavour to foster friendly feelings between the Department, the parents and herself. As a rule she is soon accepted into the home and helping the parents to complete the numerous forms that are such a feature of modern life. She takes the young people under her care for employment, interviews, or dental treatment ; situations and lodgings are frequently found ; the mothers of children recently admitted to hospital are re-assured ; absentees from Occupation Centres and Institutions are followed-up ; and when anyone is in any trouble she should be there to help. The Visitor should be at her best when the parents make their first contact with the officials of the Department. This period is especially distressing because this is when the parents, for the first time, begin to realise the full impact of deficiency. A sympathetic, logical and cheerful presentation of the possibilities of the various services available can do much to ensure happy co-operation in the future.

The office work devolving on the Visitor includes the preparation and completion of statutory forms for petitions, regular reports on home circumstances for Superintendents of institutions, and the writing up of the record of the current cases.

The dispersion of people from congested areas, and their re-settlement in spacious modern housing estates, has brought its own problems to all social workers. The problems of distances and transport now whittle away much of the available working time, and emergencies get out of hand before they can receive attention.

During 1956 a total of 81 cases of possible mental defect was referred to the Department, the majority (69 cases) being reported by the Education Committee, the remainder by family doctors, health visitors, hospital almoners, etc. The medical examination of 52 cases had been completed by the end of the year, and all were ascertained to be mental defectives as defined by the Mental Deficiency Acts. Of this number, four cases were admitted to hospital, one was taken in on a "Place of Safety" Order, and the remainder placed under Statutory Supervision with appropriate recommendations for attendance at an Occupation Centre or admission to an institution at a later date.

The number of mental defectives under home supervision has shown a slight decrease, as follows :—

Number of Cases under Home Supervision

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1948	517	509	1,026
1949	536	531	1,067
1950	557	557	1,114
1951	566	561	1,127
1952	595	553	1,148
1953	624	581	1,205
1954	648	600	1,248
1955	676	604	1,280
1956	664	597	1,261

During the year, the mental health visitors made 3,223 home visits, accompanied 104 defectives to and from institutions, attended at 238 examinations to give information to the doctor, and were present at Court in connection with 68 cases.

Pitsmoor Road Occupation Centre.—During the year these premises were extensively modernised and redecorated. Among the important structural alterations were the replanning and re-equipping of the kitchen. This entailed the tiling of the walls, the fitting of a new gas cooking range, the removal of the central heating boiler to the cellar, and the laying of a new floor. The secondary staircase at the rear of the premises was completely rebuilt at a flatter angle, thus giving greater security to the partially crippled trainees. A new bathroom was added and toilet facilities have been more than doubled. Windows were enlarged and a movable parti-

tion has been installed in the large classroom. Colourful new floor covering has been laid throughout and the whole of the interior has been painted in bright colours. Ample blackboard and display panels are in every classroom, and the whole of the electric lighting system has been renewed. Necessary alterations in the laundry have been completed. Some rather dilapidated out-buildings have been removed to make way for a spacious and airy pavilion, which is very suitable for open-air activities such as physical training. These facilities have greatly eased the difficulties of classification of trainees.

The laundry has now completed its first full operational year. There were no mechanical or other breakdowns, or complaints about the quality of the finished work. In all, 21,516 articles were laundered during the year. Of these, 2,236 were for aged people in need of help, and the remainder for other Occupation Centres and Nurseries controlled by the Health Department. This small plant is now operating to capacity and it may soon be necessary to consider the installation of a further washing machine ; the original plan provided for such a development.

Twelve adult girls are kept fully occupied in this department, which is controlled by a qualified supervisor.

Day charabanc trips were introduced in 1955 and, as they were so successful, four trips were made this year compared with two during the preceding year. Long journeys were made to the seaside on two occasions and there were two shorter journeys into Derbyshire. These latter were enjoyed by the less physically fit, who would have found the long rides arduous.

An Inspector of the Board of Control made an official inspection in July. It may be of interest to give a verbatim extract from the report issued after her visit :—

“ I was especially impressed by the response to music of members of one class, graceful movements in a display of action songs of another group, and the enthusiasm of a third group while doing physical training exercises. Older girls' handwork—very little was exhibited as it is sold to the parents on completion. Work on hand was reasonably good and I was pleased to hear that plain sewing is being taught and that the girls are encouraged to make articles for themselves. One physically handicapped girl is knitting remarkably well, and another is able to follow pattern instructions with little guidance from staff. There is a good supply of materials and storing space has been improved considerably. Machine sewing is being introduced and the aim of training is to enable the individual to be useful in the home. The mental grade of patient in the upper class is not high.”

During the year there were 29 admissions and 21 discharges. Of the discharges, two girls entered full-time employment in factories, three boys were transferred to “ The Towers ” at the age of 12 years, and four boys

were admitted to Mental Deficiency Hospitals. Twelve trainees ceased to attend for various reasons such as removal from the district, ill-health, and because in some cases the girls had improved sufficiently to be of help in their own homes. Attendance at an Occupation Centre is not compulsory.

There have been no special staffing difficulties, and the health of staff and trainees has remained uniformly good. Medical examinations of the trainees were carried out by the Deputy Medical Officer of Health and arrangements with the School Health Service, for dental examinations and treatment, were continued.

One Assistant Supervisor attended the National Association for Mental Health Course for Occupation Centre Assistant Supervisors and obtained the diploma issued by that body. Three members of the staff have now obtained this diploma, following the introduction of the scheme four years ago.

Sales for the year totalled £35.

The Christmas Party was greatly enjoyed by all the trainees and staff.

“ The Towers ” Occupation Centre.—This centre is for male trainees over 12 years of age. The average number on the register during the year was 86, and the actual attendance averaged 76 per day. Admissions during the year totalled 17, including three boys transferred from Pitsmoor Road. There were 16 discharges, of whom five went to employment and nine to institutions ; two ceased to attend. Of the five for whom employment was found, one went to gardening, two to building, and two became ware-houseboys. The training of adult male defectives resident in Hollow Meadows Hospital is proceeding according to plan.

Much constructive work has been carried out in the grounds. Essential fencing is now complete, the concrete posts being cast, the chain-link fencing made, and the fence erected entirely by the trainees. Stone is being reclaimed from the spinney and used in building the retaining wall which is being built parallel to the drive. The building of this extensive wall is rather an ambitious and lengthy project to be undertaken by the defectives, and for some months the work had to be suspended because the supply of suitable stone at a reasonable price failed. However, a new source has been found and the coming summer should see this work completed.

The workshops have been, and continue to be, fully occupied, and a variety of standardised articles are being made and sold. These include household steps, folding clothes props, containers for shoe cleaning implements, bathroom stools of two types, occasional tables and wireless cabinets. In the metal shops the main products are chain-link fencing, hand forks

and trowels, miniature brass candlesticks, reading lamps, and pokers in steel and brass. The handicraft shops, where most of the lower grade trainees work, have been equally busy. A wide range of baskets is produced, more than 700 being sold during the year, and some of the trainees have worked constantly on orders for wool rugs. Table lamps, in wood and metal, have been produced again, and many attractive articles have again been made from horns obtained from the Abattoir.

All products are selling well and the amount of work on order is gratifying. The sales for the year totalled £930.

The health of the staff and trainees has been uniformly good, and there have been no cases of serious sickness. The trainees have been subject to medical examination by the Deputy Medical Officer of Health and examinations for dental treatment have been made.

In July, 56 trainees, accompanied by members of the staff, spent a week at the Y.M.C.A. Camp at Marske-by-the-Sea. The holiday was enjoyed and appreciated by those participating and it passed off without incident.

The Centre continues to attract the increasing attention of doctors and others interested in occupational therapy, including representatives of local health authorities and hospitals who may be contemplating the establishment, or revision, of industrial training centres of their own. From time to time staff from the other occupation centres have been given the opportunity to work with the instructors at "The Towers" and they find the experience valuable in helping them deal with their own somewhat different problems.

It was forecast in the report for 1955 that for a while discharges to gainful employment in industry would probably fall. This has, in fact, happened, only five being discharged as against twelve last year. This is because most of the original, and older, trainees have now been found gainful employment. As the intake at present consists of young boys of 12 to 14 years of age, it will be some time before these will be old enough for employment.

An extract is given here from the annual report issued by the Board of Control following the official inspection made in July, 1956 :—

"I was especially impressed by the following :—

1. Clean and neat appearance of all the boys which signified good training in personal hygiene.
2. Business-like atmosphere everywhere.
3. Arrangements by which some of the boys teach new-comers in various crafts and the willingness shown to help each other.
4. Excellent table manners.
5. Relay method of serving midday meal.
6. Varied and reasonably balanced menus. Patients and staff menus are the same."

Care and After-care.—The arrangements in regard to patients discharged from Middlewood, who are considered to be in need of after-care, are still in operation and are working well. This friendly supervision is well received and appreciated by most patients.

During the period under review the duly authorised officers made 1,108 domestic welfare visits. These entail a varying degree of work. In many cases one initial visit is sufficient when the patient has resumed his normal occupation, in other instances there are rehabilitation difficulties involving enquiries on the patients' behalf and necessitating several domiciliary visits. An increasing number of relatives seek advice on such matters as National Insurance, Pensions and rent problems whilst the patient is in hospital. Enquiries from relatives and friends in other towns and cities are received, and sometimes such enquiries are from people living abroad.

Psychiatric Social Work.—During the year there has been an increase in the volume of work done in community care of the mentally ill, in after-care of hospital patients and in preventive work. This work has been carried out by the Psychiatric Social Worker and her assistant social workers.

Each month an average of 95 cases has been dealt with. There have been 1,438 home and hospital visits to patients and relatives and 360 interviews at the office with patients and relatives. In addition, there have been 413 consultative interviews with Doctors, Health Visitors and other Social Workers, etc. New and reopened cases have numbered 191 and these have been referred as follows :—

Doctors 100, Patients and relatives 32, Children's Officer 16, Council of Social Service 7, Family Service Unit 7, Probation Officer 7, National Assistance Board 5, Court Missionary 3, Marriage Guidance 3, Industrial Rehabilitation Unit 2, Child Guidance Clinic 1, Civic Information Bureau 1, Clergy 1, Regional Hospital Board 1, National Association for Mental Health 1, N.S.P.C.C. 1, Social Care Department 1, Solicitor 1, and Youth Club Leader 1.

The Psychotherapeutic Clinic has again been held at Town Hall Chambers ; Dr. Esher is the Consultant Psychiatrist in charge, the Psychiatric Social Worker being provided by the City Council. Sessions numbered 122 and there were 70 new cases. The total attendance of patients was 484, of which 360 were cases receiving treatment by psychotherapy.

Kindergarten Occupation Centres.—In last year's Report attention was drawn to the two kindergarten occupation centres. It was pointed out that these centres were experimental, and it may be remembered that the centre at Langsett Road Nursery was for young defectives up to the age of ten years, and the one at Cradock Road Nursery was for young defectives

who suffer from severe physical handicaps in addition. Both of these establishments have proved themselves well worth while and are developing well.

Langsett Road was opened with eleven children, and at the end of 1956 there were 23 names on the register with an average attendance of 20. The children are brought to the centre by their parents, at their own expense. The attendance has been good and the health of staff and pupils has remained satisfactory.

The activities include dancing, singing, percussion music, habit and social training, physical training, and very simple handicrafts including painting. Outside interests are encouraged by organising walks and games.

Parents seem grateful for the service and have reported that their children are better behaved at home and easier to handle than before attending the centre.

Cradock Road (for defectives with a severe physical handicap) was opened with nine children and, at the end of 1956, 15 were attending full-time. Door to door transport is supplied. Six children are almost permanently bed-ridden ; of these, three show little change since admission, one is deteriorating, and two are gaining weight and generally improving. Much improvement has been shown in the condition of the remaining nine cases. Some are now able to execute instructions, some can feed themselves, four are learning to walk, and one will soon be ready for transfer to Pitsmoor Road. It must be remembered that the majority of these children were completely non-ambulant on admission. Medical care is provided by the Assistant Medical Officer and a close liaison is maintained with the Children's Hospital. As with the Langsett Road Centre, the parents show appreciation of the relief afforded. Children such as these are arduous responsibilities for their mothers.

In future it is hoped to admit more of the children at an early age so that training can be started as soon as possible. When children are six and seven years of age on admittance the difficulties of training are great.

SANITARY ADMINISTRATION

*"In my youth people talked about Ruskin ;
now they talk about drains."*

—Mary Augusta Ward (Robert Elsmere (1888))

On August 2nd, 1956, the Royal Assent was given to the Sanitary Inspectors (Change of Designation) Act, 1956, and all Sanitary Inspectors employed by Local Authorities in England and Wales became known as Public Health Inspectors.

This change of title did not mean any change of occupation or out-look. The fact remains that the Public Health Inspector is still responsible for all his former duties plus many more which recent legislation, owing to change in modern ideas and improved technique, have added to his list.

It is regretted that, owing to the continuing shortage of staff, full and proper attention cannot always be given to the various duties. These duties are mainly Statutory, and the chief Acts and Regulations under which they fall are detailed below :—

Public Health Act, 1936.

Diseases of Animals Acts.

Factories Acts, 1937 and 1948.

Food and Drugs Acts, 1955.

Food Hygiene Regulations, 1955.

Housing Repairs and Rents Act, 1954.

Pet Animals Act, 1951.

Prevention of Damage by Pests Act, 1949.

Rag Flock and Other Filling Materials Act, 1951.

Sheffield Corporation Acts, 1918, 1928 and 1937.

Shops Act, 1950.

Water Acts, 1945 and 1948.

Rent Restrictions Acts, 1920—1939

Milk and Dairies Regulations, 1949.

Housing Acts, 1925—1949.

Local Government (Miscellaneous Provisions) Act, 1953.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

Local Byelaws.

The practical work of the Public Health Inspector includes visits to, and inspections of, dwelling-houses for the investigation and abatement of nuisances ; visits in regard to infectious and other notifiable diseases ; testing of drainage systems found to be defective ; supervision of works of repair or reconstruction ; and visits to every type of food preparation premises, milk distributors' premises, dairies, canteens, houses let-in-lodgings, common lodging houses, canal boats, pet shops, etc., details of which are set out in the following Tables and Reports.

Summary of Complaints, Enquiries, Correspondence, etc.—In the statement below are given, in brief summarised form, particulars of the daily correspondence, etc., passed to the Section for attention by the staff of Public Health Inspectors.

<i>Daily Portfolio</i> —								1955	1956
Complaints and enquiries in person	..	..	..	..	..	..	..	4,877	6,032
Complaints and enquiries by telephone	..	..	..	..	..	..	..	4,237	4,685
Correspondence, including Ministry, Inter-departmental and General	..	..	..	..	..	..	..	14,494	14,169
TOTALS								23,608	24,886

<i>Type of Complaint</i> —									
Drainage defects	..	..	..	..	..	..	..	1,408	1,607
Paving defects	..	..	..	..	..	..	..	159	185
Housing defects	..	..	..	..	..	..	..	7,515	8,107
Watercloset defects	..	..	..	..	..	..	..	1,202	1,330
Overcrowding cases	..	..	..	..	..	..	..	325	303
Verminous houses	..	..	..	..	..	..	..	277	373
Defective dustbins	..	..	..	..	..	..	..	296	210
Requests for Inspector to call	..	..	..	..	..	..	..	697	207
Requests for Priority Re-Housing	..	..	..	..	..	..	..		549
* Miscellaneous	..	..	..	..	..	..	..	3,856	3,491

* Includes correspondence from Property Owners, Agents, Builders, etc., and applications for Certificates of Disrepair, Notices of Revocation, Licences for sale of Milk, Ice Cream, Pet Animals, etc.

Closet Accommodation.—During the year, six pail closets and one privy were converted into pedestal waterclosets. One pail closet was abolished.

Houses Let-in-Lodgings.—The Public Health Inspectors, in collaboration with the Health Visitors, visited houses let-in-lodgings in the City periodically during the year, with a view to remedying defects which were found and ensuring that there was compliance with the bye-laws.

Common Lodging Houses.—These continue to be used as housing accommodation by a number of people.

The lodging houses are the joint responsibility of the Health and Police Departments and frequent visits are made by the staff of both Departments.

Cleanliness of the premises, and especially the beds and bedding, continues to be a problem, and regular visits, followed by disinfestation of persons, beds and premises, are necessary.

Factories.—The following table gives particulars of the inspections made during the year under Part I of the Factories Act, 1937, and an analysis of the defects which were found, with particulars of the action taken.

TABLE XXVII.—Inspections under the Factories Acts, 1937 and 1948

1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories WITHOUT MECHANICAL POWER in which Sections 1, 2, 3, 4 and 6 are to be enforced	216	36	2	—
(ii) Factories not included in (i) to which Section 7 applies :—				
(a) WITHOUT MECHANICAL POWER, but enforcement of Sections 1, 2, 3, 4 and 6 by Local Authorities revoked by the Local Authorities (Transfer of Enforcement) Order, 1938	1	—	—	—
(b) Others—i.e., factories WITH MECHANICAL POWER	3,164	461	48	—
(iii) Other Premises under the Act (excluding out-workers' premises)	36	12	2	—
TOTALS	3,417	509	52	—

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	3	1	—	9	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	1	—	1	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	6	4	—	3	—
(b) Unsuitable or defective ..	59	29	1	38	—
(c) Not separate for sexes ..	2	—	—	1	—
Other offences (not including offences relating to Homework) ..	—	—	—	—	—
TOTALS	71	34	2	51	—

During the year, no outworkers were notified under Part VIII of the Act, which relates to certain work carried out at home by outworkers.

Shops Act, 1950—Section 38.—As a result of action taken under this Section during the year, there were seven cases, as shown below, where the owners of the premises took the necessary remedial measures.

Ventilation	Two cases
Heating and Lighting	One case
Facilities for taking meals and for washing	Two cases
Facilities as to Sanitary Conveniences	Two cases

Preserved Food—Preparation or Manufacture.—During the year there were four new applications received for the registration of premises under this heading, and registration was granted in each case. One premises ceased to be used for the purpose for which it had been registered. At the end of 1956 there were 238 premises which had been registered under this heading.

Ice Cream—Sale, Manufacture, Etc.—During the year 98 premises were registered for the sale only of ice cream and there were no premises registered for the manufacture for sale of ice cream. 15 premises ceased to be used for the purpose for which they had been registered, viz. :— two for manufacture only, seven for manufacture and sale, and six for the sale only of ice cream. At the end of 1956 there was a total of 49 premises registered for the manufacture or sale of ice cream and 1,705 premises registered for the sale only or storage of ice cream.

The Food and Drugs Acts, 1955

The Milk and Dairies Regulations, 1949 and 1950

At 31st December, 1956, the total numbers on the Register were as follows :—

Milk Distributors residing inside the City	923
Milk Distributors residing outside the City	46
Dairy Premises	78

During the year the following changes were recorded :—

Milk Distributors residing inside the City, new registrations	138
Milk Distributors residing inside the City who have ceased business and have been removed from the Register	119
Milk Distributors residing outside the City—new registrations	10
Milk Distributors residing outside the City who have ceased business and have been removed from the Register	3
Dairy Premises removed from the Register	5

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The Milk (Special Designation) (Raw Milk) Regulations, 1949

At 31st Decmber, 1956, the following licences had been granted for the year :—

Dealers Pasteurisers' Licences	5
Dealers Sterilisers' Licence	1
Dealers Pasteurisers' Licences to pasteurise tuberculin tested milk ..	4
Licences to use the Special Designation " Pasteurised "	355
Licences to use the Special Designation " Sterilised "	856
Licences to use the Special Designation " Tuberculin tested "	208
Supplementary Licences to use the Special Designation " Pasteurised " ..	52
Supplementary Licences to use the Special Designation " Sterilised " ..	4
Supplementary Licences to use the Special Designation " Tuberculin tested "	49

Fish Friers' Premises.—At the end of the year, there were 393 fish friers' premises in the City. There were no new applications for registration during 1956. Three premises ceased to be used for fish frying.

Offensive Trades.—There were ten premises on the Register of Offensive Trades at the end of the year ; these were : two for Fat Melting and one each for Fat and Bone Collecting, Bone Boiling, Rag Storing, Rag Dealing, Rag and Bone Dealing, Rag Washing, Tripe Boiling, and Tallow Melting.

Rag Flock and Other Filling Materials Act, 1951.—The purpose of this Act is to secure the use of clean filling materials in upholstery, bedding, toys, etc., by imposing controls at the following stages : (i) the manufacture of the filling material ; (ii) its storage ; (iii) its sale ; (iv) its use for filling upholstery, etc., and (v) the sale of the completed article.

At the end of the year, there were 18 premises registered under Section 2, for the use of filling materials specified in the Act, but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Pet Animals Act, 1951.—This Act provides for a system of licensing and inspection by local authorities of pet shops, the main purpose being the enforcement of the Protection of Animals Acts in their application to the business of selling pets.

During the year, 36 licences were granted and two pet shops ceased business.

Diseases of Animals Act, 1950.—Wadsley Bridge Cattle Market and Certification Centre is open each Monday for the sale and certification of animals.

The Public Health Inspector attends the whole of the time the market is open to enforce compliance with the Diseases of Animals Act and Orders relating thereto.

Warble Fly (Dressing of Cattle Order) 1948.—At the request of the Ministry of Agriculture, Fisheries and Food, cattle at 91 farms were inspected for the maggot of the Warble Fly. Evidence of infestation was found on eight farms, affecting cattle brought to the farms since the last inspection, and instructions were given to the farmers on the treatment recommended by the Ministry. No prosecutions were made as the farmers complied with the requirements of the Order.

Canal Boats.—The canal along which the boats ply terminates at the City Wharf, near to the Corn Exchange, and this and the other three main wharves in the City at Tinsley, Blackburn Meadows and Canal Street are used for the discharge of the boats' cargoes.

The wharf at Blackburn Meadows is used solely to receive coal for use at the power station, Tinsley Wharf receives mostly cargoes of sulphur, sand and steel for use at the works in the East End of the City, grain only is discharged at the Canal Street Wharf, and at the City Wharf the boats deliver a variety of goods such as metals, timber, grain, flour and food-stuffs. Some of the boats take return loads of steel, machinery, etc. for use in other parts of the country and for export.

Boats arriving at Sheffield are either propelled by an engine or drawn by an engine propelled boat ; none are found to be drawn by horses or by the occupants of the boats as they used to be.

No canal boats were registered in the City during 1956.

The Canal Boats Inspectors made 64 inspections of boats during the year, the object being to ensure that there was compliance with the requirements of the Public Health Act, 1936, and the Canal Boats Regulations. There were altogether 108 persons living on board the boats at the time of the inspections, and these persons were in the following age groups : two in the group of children under five years ; one in the group of between five and fifteen years ; and 105 over fifteen years, of whom 96 were males and nine females.

The average number of occupants per boat was 1·68.

Close liaison exists between the Canal Boats Inspectors and the Education Department and, when a child of school age is found on board, a notification is sent to the Director of Education. During the year only one child of school age was found on board a boat and this was during a school holiday period.

19 infringements were found relating to 15 inspections of the boats. All necessary measures were taken in regard to these infringements and it was not necessary to institute any legal proceedings during the year.

There were no cases of infectious disease upon any of the canal boats in the City and it was not necessary to detain any boats for cleansing or disinfestation.

Infectious Disease—Investigation and Disinfection.—The following statement gives a summary of the work carried out during the year :—

	1955	1956
Visits of investigation by Public Health Inspectors at households where infectious or other notifiable diseases had occurred ..	1,887	3,703
Number of houses disinfected by the staff of the Disinfecting Station ; Beds and Bedding, patients' clothing and any articles in contact with the patient being taken away to the Station for disinfection by steam	2,018	1,980

Treatment of Scabies. —Treatment is provided in premises at the Disinfecting Station, and when a case is brought to the notice of the Department every effort is made to induce all the members of the family to undergo treatment.

	1955	1956
Adults who attended for treatment either as patients or contacts	22	16
School children	28	38

Whilst treatment is being given, all personal clothing is disinfected by steam, and beds and bedding are collected from the homes and steam disinfected. This was done in the case of 13 families during 1956.

After treatment, all cases are followed up by visits to the home by the Health Visitors.

Cleansing of Verminous Persons.—A special disinfecting bath and cleansing treatment is given in all cases for the eradication of vermin, the personal clothing and bedding being also disinfested.

The following statement gives the number of persons who attended at the Disinfecting Station during the past five years :—

1952	..	..	..	..	..	..	..	..	109
1953	..	..	..	..	..	..	..	..	73
1954	..	..	..	..	..	..	..	..	70
1955	..	..	..	..	..	..	..	..	63
1956	..	..	..	..	..	..	..	..	62

Disinfestation.—This service provides for the eradication of insect pests, viz. :—bugs, fleas, cockroaches, beetles, crickets, silver fish, steam flies and

other insects. The number of premises treated during the past two years is as follows :—

<i>Premises</i>	1955	1956
Corporation houses	105	101
Other Corporation premises, including Schools, etc.	12	20
Private houses	232	223
Miscellaneous premises (shops, warehouses, works canteens, hospitals, etc.)	4	10
TOTALS ..	353	354

Tenancy transfers and rehousing :—

	1955	1956
Houses and effects sprayed with D.D.T. on behalf of the Housing Department	149	270
Corporation houses sprayed with D.D.T. to which effects are to be transferred	168	197

Home Bathing Cases.—A number of elderly men and women are regularly bathed at home in response to requests by Health Visitors, Home Nursing and Care and After-Care Sections.

	1955	1956
Total number of cases bathed	79	109

Testing of Drainage Systems.—Smoke and Colour tests are applied to drainage systems suspected of being defective, and where drains are found to be defective the Public Health Inspector supervises the work of repair or reconstruction.

Water tests are applied to ascertain that drains which have been relaid are satisfactory.

Summary of Tests applied :—

	1955	1956
Smoke tests	391	340
Colour tests	1,651	1,175
Water tests	429	331

Summary of Visits, etc., of Public Health Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of Public Health Inspectors during the years 1955 and 1956 :—

Table XXVIII.—Summary of Work done by the Public Health Inspectors during the years 1955 and 1956

1. NUISANCES	1955	1956
(a) Dwelling-houses (not Condemned)		
No. found affected	12,096	14,284
No. of Initial Visits	8,937	11,823
No. of Re-inspections	19,387	20,071
No. where Abated	8,380	9,839
(b) Dwellinghouses (Condemned)		
No. found affected	1,893	1,520
No. of Initial Visits	1,118	989
No. of Re-inspections	2,877	1,594
No. where Abated	1,482	1,082

(c) Other Premises							1955	1956
No. found affected							148	114
No. of Initial Visits							191	125
No. of Re-inspections							177	151
No. where Abated							93	81
(d) Notices Served								
Statutory							3,011	3,594
Informal							6,542	8,212
2. NO. OF INTERVIEWS WITH OWNERS OR REPRESENTATIVES ..							1,672	1,531
3. DRAINAGE AND BUILDING WORK								
(a) No. of Inspections							4,198	3,605
(b) No. of Smoke Tests applied							391	340
(c) No. of Water Tests applied							429	331
(d) No. of Colour Tests applied							1,651	1,175
4. HOUSING								
(a) No. of Initial Inspections							177	113
(b) No. of Additional Inspections							8,295	2,107
(c) Visits <i>re</i> Improvement Grants							594	585
(d) Visits <i>re</i> Overcrowding							955	418
(e) New cases of Overcrowding found							75	69
(f) Visits <i>re</i> Certificates of Disrepair							831	319
5. FOOD PREMISES								
(a) Visits to Dairies							75	46
(b) Visits to Milk Distributors							309	347
(c) Visits to Ice Cream Manufacturers							63	74
(d) Visits to Ice Cream Retailers							137	136
(e) Visits to Fried Fish Shops							139	65
(f) Visits to Bakehouses							198	154
(g) Visits to Other Food Preparation Premises							372	562
(h) Visits to Food Salesshops							410	693
(i) Visits to Licensed Premises							13	14
6. SHOPS								
Visits <i>re</i> Shops Act							180	183
7. VISITS <i>RE</i> ZYMOTIC DISEASES							1,887	3,703
8. FOOD POISONING								
(a) No. of visits							747	758
(b) No. of food specimens taken							18	26
9. VISITS FOR OFFENSIVE TRADES							24	41
10. VISITS <i>RE</i> RAG FLOCK AND OTHER FILLING MATERIALS ACT							7	—
11. VISITS TO WORKPLACES							25	22
12. VISITS <i>RE</i> RATS AND MICE INFESTATION							81	105
13. VISITS <i>RE</i> VERMIN								
(a) Private Houses							2,592	2,852
(b) Corporation Houses							2,349	2,299
(c) Other Premises							28	25
14. VISITS TO COMMON LODGING HOUSES							72	55

						1955	1956
15.	VISITS TO HOUSES LET-IN-LODGINGS	..	..	..	..	10	22
16.	NO. OF DEPOSITED PLANS EXAMINED	..	..	..	..	2,688	3,091
17.	DISEASES OF ANIMALS ACTS						
	(a) No. of Visits	..	..	..	..	890	959
	(b) No. of licences issued	..	..	..	..	186	290
18.	VISITS TO PET SHOPS	..	..	..	..	41	27
19.	NO. OF PROSECUTIONS TAKEN	..	..	..	..	19	19
20.	NO. OF ATTENDANCES AT COURT	..	..	..	..	42	19
21.	NO. OF MISCELLANEOUS LETTERS	..	..	..	..	4,485	4,561
22.	NO. OF MISCELLANEOUS VISITS	..	..	..	..	9,178	9,752
23.	RE PROPERTIES ETC.—No. of Town Clerk's Property Enquiries dealt with	..	..	..	..	5,320	5,234
24.	PUBLIC HEALTH ACT, 1936—Section 23						
	(a) No. of Public Sewers cleansed	..	..	..	..	159	136
	(b) No. of Houses affected	..	..	..	..	681	530
25.	VISITS RE POULTRY PENS, FITTINGS AND RECEPTACLES (DISINFECTATION) ORDER, 1952	..	..	..	..	118	82
26.	VISITS RE WATER SUPPLIES (other than Corporation Mains Supplies)	..	..	..	..		57
27.	DISEASES OF ANIMALS ACTS—TRANSIT OF ANIMALS (AMENDMENT) ORDER, 1931						
	No. of vehicles, the cleansing of which was supervised at Wadsley Bridge Collecting Centre under the provisions of the above Order	..	..	..	..		498
28.	SLUM CLEARANCE (from 4-6-56)						
	(a) Initial Inspections—No. of houses	..	..	..	..		228
	(b) Additional Inspections—No. of houses	..	..	..	..		4,784
	(c) No. of Area Plans prepared	..	..	..	..		85
	(d) No. of Block Plans prepared	..	..	..	..		792

WATER SUPPLY

"When the well's dry, we know the worth of water."
—Benjamin Franklin (Poor Pritchard).

"The water supply provided by the Corporation to the City and District and bulk supplies to outside Authorities, have been satisfactory both in quality and quantity. There was no curtailment at any time during the year.

All Sheffield's water comes from moorland gathering grounds within a radius of 15 miles of the City centre. It is filtered and chlorinated at the source, and requires the addition of lime to prevent plumbosolvent action. The lime dosage ensures an average permanent hardness of 33 parts per million, and a total hardness of 48. The average pH value is 8.5.

The number of samples of drinking water examined in the laboratory bacteriologically during the year ended 31st December, 1956, was 2,307. Of this number 2,275 (98.6 per cent.) were free from coliform organisms in 100 mls. and 2,288 (99.2 per cent.) were free from Bact. Coli type 1 (an organism whose natural habitat is the human or animal intestine and which is an indicator of excretal pollution of water) in 100 mls.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 1,185. Of these, 1,165 (98.3 per cent.) were free from coliform organisms, and 1,175 (99.2 per cent.) contained no Bact. Coli type 1 in 100 mls.

156 samples taken from consumers' taps were examined for lead. Of these, 152 (98.1 per cent.) contained no lead. One sample only contained lead amounting to 0.1 p.p.m. as Pb.

As a first line of defence, the Undertaking exercises sanitary control over the entire water-shed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds.

At 31st March, 1956, the number of dwelling-houses supplied direct was 174,605. No houses within the Sheffield area are supplied by standpipe. The population supplied direct was 538,140 and indirectly (via bulk supplies) 222,552."

The above report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued assistance and close co-operation have been much appreciated.

Premises without Mains Water.—It is pleasing to report that during the latter part of the year it has been possible to commence a four year programme arranged in co-operation with the General Manager and Engineer, Water Department, for the provision of a mains water supply, wherever practicable, to the many isolated farms and cottages on the City outskirts.

At the beginning of the year there were within the City 125 dwellings without mains water laid into the house. These properties have given concern for a considerable time ; the occupants obtain water for all purposes from shallow wells and springs, and samples from many of these sources of supply have shown evidence of faecal contamination. The Health Committee have from time to time considered the problem and agreed in principle to the provision of a mains water supply to every house in the City, and have approved a scheme whereby (a) the Water Department will provide a mains supply of water to these premises at a total estimated cost of £52,600 ; (b) the Health Committee will make contributions towards the cost of mains and service pipes required for that purpose ; and (c) appropriate sums will be recovered from the owners of such premises supplied, in accordance with the provisions of Section 138 of the Public Health Act, 1936.

The following is a summary of progress made up to the 31st December, 1956 :—

No. of mains extensions completed	..	..	..	..	..	7
Total length of completed mains extensions	..	..	..	..	..	1,878 yards
No. of notices served under Section 138 of the Public Health Act, 1936, as amended by the Water Act, 1945	..	..	..	..	..	32
No. of appeals to Court against the requirements of Notices	..	..	..	..	..	Nil
No. of new service pipes laid privately	..	..	..	..	..	Nil
No. of new service pipes laid in default	..	..	..	..	..	9
Total length of new service pipes laid	..	..	..	..	..	439 yards
No. of houses connected to the mains	..	..	..	..	..	12
No. of other buildings connected to the mains	..	..	..	..	..	1
No. of dwellinghouses and farms in the City without mains water supply at 31st December, 1956	..	..	..	..	..	113

It is anticipated that by the end of March, 1960, the necessary works, which include the provision of a new Booster at Redmires and a service reservoir at Rud Hill, will be completed and every house in the City will have a mains supply of water in the house, apart from nine premises which for various reasons it is considered impracticable to connect.

RODENT CONTROL

"It has been usual to catch a mouse or two (for form's sake) in public once a year."

—Thomas Gray

The Rodent Control service, which began in April, 1944, now operates under the Prevention of Damage by Pests Act, 1949.

During 1956, eight Rodent Operatives were employed in overground servicing, and the section was in the charge of a Public Health Inspector seconded to the position of Rodent Officer.

The services of the Rodent Operatives are made available upon application by the occupiers of infested premises, payment being upon a cost basis laid down by the Corporation.

The demand upon the service continues to increase, not because of a greater incidence of rats—infestations of more than 20 rats being rarely found—but because of an increasing awareness by the public of the existence of the service. This is especially so in the case of mice infestations in dwelling houses, in regard to which applications show the largest increase.

In the statement below are given the numbers of applications dealt with by the Rodent Control service in the years 1954 to 1956, together with the numbers of baiting points positioned and the estimated numbers of rats and mice exterminated :—

	<i>Year</i> 1954	<i>Year</i> 1955	<i>Year</i> 1956
Number of applications dealt with (Rat Infestation)	654	693	728
Number of applications dealt with (Mice Infestation)	1,800	2,081	2,218
Approximate number of baiting points laid	39,400	48,500	52,500
Estimated number of rats exterminated	7,900	8,400	6,800
Estimated number of mice exterminated	57,800	57,400	57,000

Sewer Disinfestation.—This scheme for the treatment of the sewers, rivers and river culverts of the City, which began in 1945, has continued during the year. The work is undertaken by a staff of six operatives forming part of the Rodent Control service of the Public Health Department.

The Ministry of Agriculture, Fisheries and Food procedure is adhered to throughout this work. In each period of twelve months, the whole of the sewers in the built-up area of the City, including rivers and culverts, are treated twice, and the outlying areas receive one "Pilot" or test treatment. In this "Pilot" test, one in every ten of the sewer manholes is pre-baited, and any showing evidence of infestation are expanded into full-scale treatment areas.

The number of manholes baited and points laid in river culverts and on river banks during the year totalled more than 12,500 and the estimated number of rats killed totalled 19,140.

Arsenious Oxide and Zinc Phosphide are still the standard poisons used in disinfestation work, Red Squill being used as a substitute where danger may exist to children or animals.

Warfarin, the recently introduced anti-blood coagulent, has proved most efficient in use as a post-bait poison. In the past, many requests for immediate re-treatments were made owing to incomplete kills, but since the policy was introduced of positioning Warfarin upon completion of each treatment, only occasional re-treatments now prove necessary.

Details of work carried out during the year are given in the statements below.

Completion of Eighteenth Maintenance Treatment—Year 1956

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	1,624	360	3,000
Four areas from " Pilot " test ..	96	17	190
TOTALS	1,720	377	3,190

Nineteenth Maintenance Treatment—Year 1956

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	4,605	728	7,300
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook ..	2,018	313	2,300
TOTALS	6,623	1,041	9,600

Part of Twentieth Maintenance Treatment—Year 1956

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes • ..	1,937	355	3,100
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook ..	2,261	453	3,250
TOTALS	4,198	808	6,350

CLEANER AIR AND SMOKE ABATEMENT

By J. W. BATEY, D.P.A., M.I.Mar.E., M.R.S.H.,
Superintendent Smoke Inspector

*" But Sheffield smoke involved : dim where she stands circled by lofty mountains,
which condense her dark and spiral wreaths to drizzling rains frequent and sullied "*—

Anna Seward.

SHEFFIELD'S SMOKE

" The town was completely dirty, and strewed with Nutshells from one end to the other. Our friends. conducted us to a coal mine. At a little distance from the mouth of this Pit are furnaces for burning Coal into Coke, it is kept 48 hours in these kilns. On our way back we had an excellent view of the Town of Sheffield enveloped in smoke, for the numerous manufactories keep the town in a perpetual cloud of smoke and the streets as if paved with the surface of a Blacksmith Shop."

* This diary extract* refers to a journey undertaken in 1798 and it is evident that smoke was already a serious nuisance.

In an attempt to control smoke, the first faltering step was taken in 1818, when The Sheffield Police Act made it an offence to convert coal into coke without using a flue to carry off the smoke and a number of people were fined small sums shortly after the Act came into force. In addition, " steam engine " furnaces were to be constructed so as to consume their own smoke—otherwise the proprietor was liable to a £50 fine. Little was done to enforce this provision and, although a smoke burning committee was appointed, it virtually never met until 1828. The following year the Police Commissioners decided on action. Observations were to be made on the six worst chimneys, the actual owner to be prosecuted being decided by ballot. The first owner to be chosen carried out works which considerably reduced the smoke nuisance so that it became necessary to draw a further name from the remaining five. After this brief period of activity had spent itself, the Commissioners relapsed into indifference. Indeed, it is doubtful whether a single conviction was secured as witnesses in the neighbourhood would not come forward and swear that the smoke was in fact a nuisance.

The first effective measure was put into operation by the Town Council in 1853. Under their general powers to suppress nuisances, they secured the confirmation of byelaws regulating the emission of smoke from boiler furnaces. The Smoke Byelaws Committee (see also page 253) led a vigorous existence from 1854 to 1864 when the work was taken over by the Health Committee. Between 1855 and 1865, 445 convictions were secured—the highest number (74) being in 1865 itself when additional

* Transactions of the Hunter Archeological Society, Vol. V., p. 191.

powers became available following the adoption of the Towns Improvement Clauses Act. This extended control to any type of fireplace or furnace in a brewery, bakehouse, dyehouse, mill, or any other type of factory. The local authority at this time wielded wider powers than they have enjoyed since. Manufacturers could not rely on the "as far as practicable" line of defence, which was available under the Sheffield by-laws, and which Parliament introduced in subsequent legislation.

It should be noted that since 1854 the Corporation has employed one or more smoke inspectors. Apart from a short period in 1875, when "black smoke nuisances" became part of the duties of the general inspectors, smoke has continued in Sheffield as a specialist appointment.

In 1889, following a petition signed by some 5,800 citizens, the Health Committee appointed a Smoke Nuisances Sub-Committee and vigorous efforts to reduce smoke pollution were renewed. The Corporation increased the number of smoke inspectors to two, and a few years later to three. The Smoke Sub-Committee resolved that notices should be served if black smoke were emitted for six minutes in the hour (previously it had been ten). Shortly afterwards a sliding scale was introduced extending from two minutes for one boiler to six minutes for four or more boilers, and this has since remained substantially unchanged.

These measures were not without success. From 1876-1889 the average emission of black smoke recorded by the inspectors was 9-10 minutes : by 1893-1900 this had been reduced to 2-2½ minutes. It is difficult to interpret figures of this nature, as in the later period the number of observations carried out each year had been trebled, indicating that the smoke inspectors were no longer forced to restrict their energies to the worst chimneys.

In the early years of this century the Smoke Sub-Committee fought a sustained battle in the Courts against smoke pollution. In 1907, for example, proceedings were instituted in 56 cases ; Abatement Orders were made in 55 of these, and 34 were also fined—though the penalties were not of a size which would be likely to deter many industrialists. From 1904 onwards, at the request of the Manufacturers' Association, informal intimation was given after each excessive emission, so that an immediate investigation might be carried out with a view to finding the cause.

Gradually the emphasis has passed from prosecution to advice and persuasion, and since the first world war the authority has been reluctant to take legal proceedings, except as a last resort. The training of stokers and furnacemen also received attention, and for many years courses have been run by the University with a view to increasing proficiency.

In 1927 the Corporation delegated their powers of controlling “ smoke nuisances ” to the Sheffield and Rotherham Joint Smoke Committee. These two authorities joined with four of their neighbours in 1930 to form the Sheffield, Rotherham and District Smoke Abatement Committee. This statutory committee was a unique experiment in local government, and was designed to deal with the exceptional problem that smoke presents in this area.

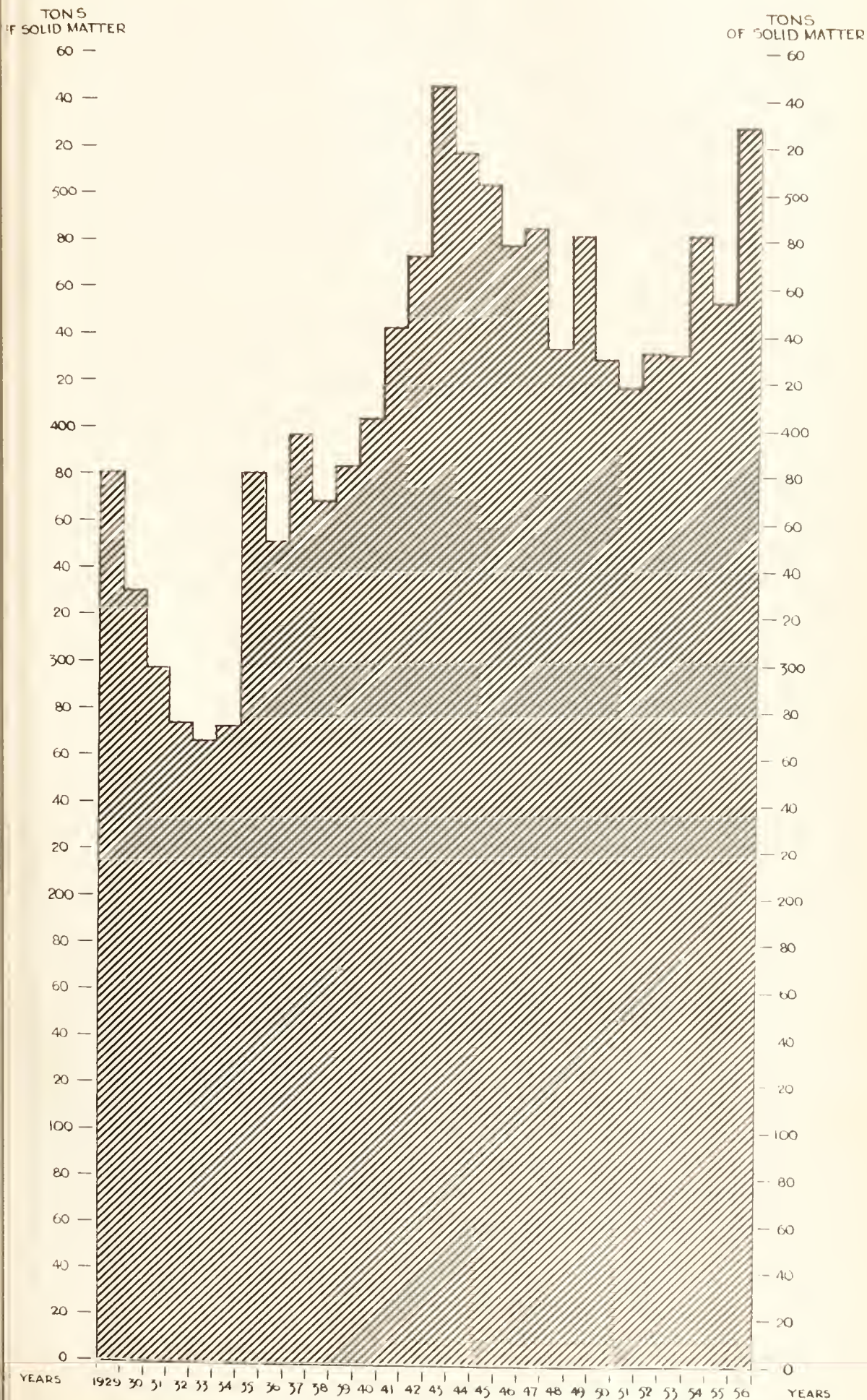
During the greater part of the second world war, smoke control fell into abeyance in conformity with national defence policy. Air pollution during this period and the early post-war years was possibly worse than at any time during the past sixty years, although unfortunately records are not available for the period 1917–1920. Since the resumption of smoke control, routine observations by the inspectors suggest that, over the City as a whole, steady improvement has been effected.

<i>Year</i>	<i>Observations</i>							<i>Minutes emission smoke per half hour observation</i>
1946	2,002	4·5
1947	3,251	2·8
1948	2,809	3·1
1949	3,469	2·7
1950	5,884	2·1
1951	5,820	2·1
1952	5,625	1·9
1953	5,296	1·4
1954	5,320	1·3
1955	3,992	1·15
1956	7,006	0·94

A gauge for the measurement of atmospheric pollution has been set up at Attercliffe since 1929 and the figures of solid matter deposited (see diagram on opposite page) reflect not only our efforts at smoke control but also the volume of industrial activity, covering both slump and boom. An additional factor has been the increasing concentration of heavy industry in the Attercliffe area. It will be noted that since 1948 the figure has fluctuated at about the same level. The sharp rise in 1956 is probably due to plant modifications which have resulted in the emission of grit from a single chimney in the immediate vicinity of the gauge, and illustrates the difficulty in arriving at a correct estimate of smoke pollution in an area.

This historical survey has been prepared with the help of Dr. C. H. Shaw from Corporation minutes and the Annual Reports of Medical Officers of Health. The activities of the Police Commissioners have been gleaned from the accounts of their monthly meetings in the “ Sheffield Mercury ”.

CITY OF SHEFFIELD
SOLID MATTER DEPOSITED IN TONS PER SQ. MILE FOR YEARS
1929 TO 1956
ATTERCLIFFE



Sheffield and District Clean Air Committee.—During 1955, Rotherham County Borough gave the necessary six months' notice to withdraw from the Sheffield, Rotherham and District Smoke Abatement Committee, under whose aegis the work was formerly carried out ; as a result and in accordance with its constitution, the Committee was disbanded on 31st March, 1956. It was subsequently re-formed and held its first meeting on 6th November, 1956, under its new title of Sheffield and District Clean Air Committee, the constituent authorities being Sheffield County Borough, Rotherham Rural District, Rawmarsh Urban District and Stocksbridge Urban District.

The activities of the inspectorial staff during the year 1956, so far as they relate to the City of Sheffield, are briefly outlined below. A report covering the whole area under the ægis of the Joint Committee will be submitted to that Committee.

Action under the Public Health Act, 1936.—Systematic observation of the emission of smoke from all industrial chimneys is the only method at present available for tracing this type of atmospheric pollution to its source. Observation was continued throughout the year and some of the results of such work are as follows :—

Number of chimneys observed (half hour observations)	..	..	7,006
Number of minutes smoke emitted	..	..	6,576
Average minutes of smoke emission per half hour	..	..	0·94
Number of Abatement Notices served	..	..	221
Number of Intimation Notices served	..	..	242
Number of Advisory Visits	..	..	506
Number of complaints dealt with	..	..	162
Number of Prosecutions	..	..	4

The average smoke emission per half hour observation was very low and although too much cannot be read into this figure, the general trend is encouraging.

Complaints were again at a very high level and showed the continued awareness by the public of the smoke nuisance.

Atmospheric Pollution.—The recording of atmospheric pollution, which has continued throughout the year, gives an overall picture, on a comparative basis, of the pollution both by solids and sulphurous gases of various areas of the City. In the table which follows are given the averages of the monthly deposits of solid matter at three collecting stations in the five years 1952-1956, together with the highest monthly deposit at each station in those years.

TABLE XXIX.—Solid Matter deposited at three Sheffield Collecting Stations during five years 1952-56

Year	<i>Amount of Solid Matter (in tons) deposited per square mile</i>					
	<i>Attercliffe</i>		<i>Surrey Street</i>		<i>Fulwood</i>	
	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>
1952 ..	36.1	48.0	24.0	35.3	12.4	18.7
1953 ..	36.0	61.3	21.5	36.3	9.6	16.1
1954 ..	40.3	69.5	24.9	45.5	12.7	18.7
1955 ..	37.8	62.4	27.5	49.8	9.9	15.2
1956 ..	38.5	49.9	24.4	37.3	10.6	15.2

The highest monthly deposit figure for these three stations occurred in December for Attercliffe, April for Surrey Street and July for Fulwood. This July figure for Fulwood is most surprising, and may well be a freak result.

The table below summarises the monthly records of solid matter deposited per square mile in the year 1956 at the seven stations at which there were gauges for the measurement of atmospheric pollution :—

TABLE XXX.—Solid Matter Deposited at the Sheffield Collecting Stations during the year 1956

Month	<i>Tons per Square Mile</i>						
	<i>Attercliffe</i>	<i>Fulwood</i>	<i>Firth Park</i>	<i>Sewage Works</i>	<i>Surrey Street</i>	<i>Weston Park</i>	<i>Bernard Street, Park</i>
January ..	47.8	14.9	15.3	20.9	30.5	16.7	27.5
February ..	13.1	11.2	9.8	11.8	31.8	11.6	*
March ..	*	9.2	17.1	16.0	34.0	16.7	43.0
April ..	*	12.2	20.6	20.5	37.3	17.3	37.0
May ..	39.5	9.0	9.1	15.4	16.8	10.4	24.1
June ..	44.5	10.5	15.2	19.4	22.6	11.5	31.2
July ..	49.1	15.2	13.9	16.5	22.1	14.1	25.7
August ..	31.4	11.8	12.3	18.7	18.1	12.8	17.6
September ..	44.6	9.8	14.9	25.3	20.4	13.1	36.1
October ..	49.9	7.4	10.4	21.6	20.5	10.0	20.7
November ..	29.1	5.2	9.1	13.2	14.8	8.3	16.7
December ..	36.4	*	21.3	38.0	24.3	12.8	30.7
TOTALS ..	385.4	116.4	169.0	237.3	293.2	155.3	310.3
Averages..	38.5	10.6	14.1	19.8	24.4	12.9	28.2

* Record not available.

It is worth noting that May was the driest month and November the second driest month of the year. The fall in pollution collected in these months, when compared with the months on either side (April and June,

October and December), may be significant in showing a relationship between rainfall and pollution collected. The rainfall figures are measured but there is no formula available which takes them into account when assessing the pollution of an area.

Sulphur Determination.—Daily averages, which determine the quantity of sulphur in the atmosphere, were taken by the lead peroxide method at 13 stations during the year.

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area, as recorded during the five years 1952–1956 at seven stations, were as follows :—

TABLE XXXI.—Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years 1952-56

Year	Daily Average Milligrammes of SO ₃ per 100 Square Centimetres						
	Attercliffe	Bessemer Road	Fulwood	Firth Park	Surrey Street	Wincobank	Weston Park
1952 ..	3·9	6·2	1·0	2·4	2·6	2·8	2·2
1953 ..	4·6	11·3	0·7	3·1	2·9	4·3	3·0
1954 ..	5·1	14·5	0·7	2·9	3·1	2·5	3·5
1955 ..	4·7	11·3	0·7	2·8	3·4	2·2	3·0
1956 ..	5·1	11·6	0·7	3·0	3·3	2·1	2·0

The Devonshire Street gauge is now back in its original position at Weston Park and this probably accounts for the drop in the readings from 3.0 to 2.0.

The daily averages of the milligrammes of Sulphur per 100 square centimetres of area (this area refers to the surface area of the instrument) recorded in 1956 were as follows :—

TABLE XXXII.—Sulphur Determination by the Lead Peroxide Method at thirteen Stations during the year 1956

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY

<i>Month</i>	<i>Atter-cliffe</i>	<i>Ber-nard Street, Park</i>	<i>Besse-mer Road</i>	<i>Wes-ton Park</i>	<i>Firth Park</i>	<i>Ful-wood</i>	<i>Jordan Locks</i>	<i>Limps-field Road</i>	<i>St. John's Vicar-age</i>	<i>Sew-age Works</i>	<i>Surrey Street</i>	<i>Tinsley</i>	<i>Winco-bank</i>
January ..	7.3	3.8	15.1	3.6	3.6	1.2	4.8	3.6	1.4	5.3	5.0	5.3	2.3
February ..	7.0	4.4	9.7	3.9	3.8	1.2	3.8	3.3	*	4.2	5.8	4.6	2.1
March ..	*	2.4	12.4	*	4.5	1.2	3.0	4.2	1.8	3.4	4.4	3.2	2.0
April ..	4.4	2.7	12.3	2.0	2.6	1.0	2.3	2.3	1.9	2.6	3.4	2.7	1.4
May ..	4.5	2.0	7.8	1.3	1.8	0.5	2.7	1.8	1.3	3.2	2.0	4.1	1.6
June ..	4.8	1.9	13.7	1.1	1.7	0.4	2.6	2.1	1.2	3.2	1.9	3.4	0.9
July ..	3.9	1.8	10.2	1.0	1.6	0.4	2.1	1.6	1.2	2.5	1.6	2.4	0.9
August ..	3.2	1.6	12.8	0.9	2.0	0.3	2.2	1.7	1.0	2.6	1.6	4.1	0.8
September ..	3.2	1.7	14.3	1.3	2.8	0.4	3.0	3.1	1.3	3.5	2.1	3.5	2.8
October ..	5.1	3.0	*	2.0	3.0	0.5	3.6	2.9	2.0	4.2	3.3	4.5	3.2
November ..	6.5	3.6	10.3	2.6	3.6	0.5	3.7	3.9	2.5	4.0	4.5	4.1	2.2
December ..	5.8	2.8	8.5	2.4	5.2	0.9	5.4	4.2	1.5	6.4	3.8	6.1	4.7
TOTALS ..	55.7	31.7	127.1	22.1	36.2	8.5	39.2	34.7	17.1	45.1	39.4	48.0	24.9
Monthly Average ..	5.1	2.6	11.6	2.0	3.0	0.7	3.3	2.9	1.6	3.8	3.3	4.0	2.1

* Record not available.

The statement below gives the monthly average for all the gauges taken together, and shows a seasonal variation which is to be expected.

Total Sulphur Determination per month of 12 gauges (Bessemer Road omitted)

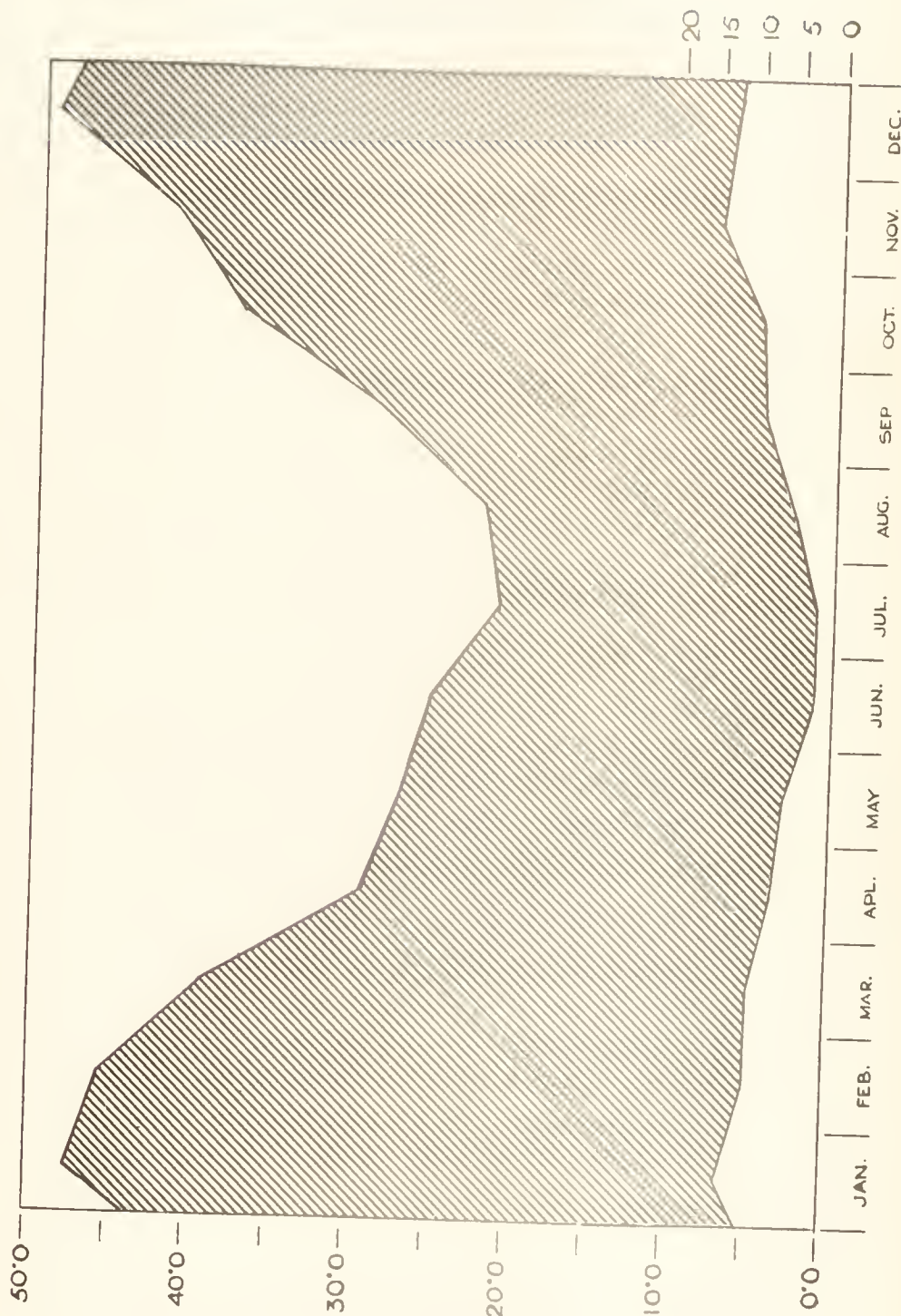
January ..	47.5	July ..	21.0
February ..	45.7	August ..	22.0
March ..	39.2	September ..	28.7
April ..	29.3	October ..	37.3
May ..	26.9	November ..	41.5
June ..	25.2	December ..	49.2

A graph has again been prepared (see opposite page) similar to the one produced in the 1955 Report, showing the total sulphur pollution per month and the number of nights with temperature inversion. Once more a striking correlation is demonstrated.

GRAPH SHEWING RELATIONSHIP BETWEEN TOTAL SULPHUR DIOXIDE READINGS AND TEMPERATURE INVERSION 1956.

MILLIGRAMS OF SO₂ PER DAY
PER 100 SQ CENTIMETRES.

NO OF NIGHTS WITH
TEMPERATURE
INVERSION.



The direct measurement of Smoke and Sulphur Dioxide, achieved by drawing a measured quantity of air through the Volumetric Apparatus, has been carried out at eight stations with the results shown in the following tables :—

TABLE XXXIII.—Monthly Averages of SO2 (Volumetric) at eight Stations during the year 1956

PARTS PER 100 MILLION PARTS OF AIR

Month	Surrey Street	Park Co.	Newhall Road	Ellesmere Road	Stanley Works	St. Stephen's	Milton	Sharrow
January ..	23	13	18	14	18	14	11	12
February ..	23	15	18	12	15	14	9	15
March ..	18	9	14	9	12	10	7	9
April ..	12	10	12	8	11	6	7	9
May ..	7	5	8	6	7	4	5	5
June ..	6	6	8	6	6	5	5	4
July ..	6	4	7	5	5	4	4	4
August ..	6	6	9	5	6	5	5	5
September ..	10	6	9	6	7	6	7	7
October ..	17	*	14	8	9	9	11	*
November ..	22	14	15	10	13	12	15	11
December ..	24	13	16	10	15	12	13	*
TOTALS ..	174	101	148	99	124	101	99	81
Monthly Average	15	9	12	8	10	8	8	8

TABLE XXXIV.—Monthly Averages of Smoke (Volumetric) at eight Stations during the year 1956

MILLIGRAMMES PER 100 CUBIC METRES

<i>Month</i>	<i>Surrey Street</i>	<i>Park Co.</i>	<i>Newhall Road</i>	<i>Ellesmere Road</i>	<i>Stanley Works</i>	<i>St. Stephen's</i>	<i>Milton Street</i>	<i>Sharrow Lane</i>
January ..	51	57	72	74	74	71	62	73
February ..	41	44	58	54	50	58	58	62
March ..	27	31	43	38	48	46	44	38
April ..	26	31	38	32	40	37	35	36
May ..	11	12	14	11	17	14	14	12
June ..	10	11	19	11	18	16	11	12
July ..	9	11	13	10	13	13	11	9
August ..	11	16	20	13	18	18	17	13
September ..	14	22	26	18	25	27	23	19
October ..	27	*	39	31	34	37	37	*
November ..	31	41	45	36	35	43	53	50
December ..	33	47	52	48	59	59	53	*
TOTALS ..	291	323	439	376	431	439	418	324
Monthly average ..	24	29	37	31	36	37	35	32

The seasonal variations, which follow the pattern found last year, confirm the fact that domestic pollution in the City plays a far more important part than was thought to be the case. Such gauges as Sharrow Lane and Milton Street, situated in predominantly residential areas, are showing as great a seasonal swing as the industrial gauges. If work on measuring the atmospheric pollution continues it may be proved conclusively that the pattern of smoke pollution has altered over the last few years, and that the domestic chimney is the major culprit of contamination from smoke.

General Remarks.—Since the passing of the Clean Air Act, 1956, there has been a noticeable increase in enquiries from industry on the meaning and implications of the Act. There has also been a most welcome

co-operative approach to the problems of atmospheric pollution by industry generally. Such an attitude can be well understood because the new Act, poor as it may be, does give more power to control smoke, grit and dust.

Several important clauses of the Act came into force on the 31st December, 1956 ; in particular, the power to control in some degree new furnace installations, the height of new chimneys, and the formation of Smoke Control Areas, was most welcome.

The Medical Research Council have set up a unit to study the effect of smoke on health in this area, and assistance has been given to this unit in the setting up of measuring stations and interpretation of results.

HOUSING

By W. CURTIS, M.A.P.H.I., Superintendent, Clearance Area Section

*" His home, the spot of earth supremely blest
A dearer, sweeter spot than all the rest."*

—James Montgomery (West Indies).

Housing and Slum Clearance.—During the nineteen thirties, 10,704 houses were dealt with under slum clearance legislation and the occupants rehoused. At the outbreak of war there were an additional 5,663 houses in Operative Orders, which had not been demolished, and a further 2,875 houses in Orders which had not been confirmed by the Minister.

During the period 1940-54, 2,148 houses were demolished mostly through enemy action, but a number on account of their dangerous condition. Moreover, during the war years little repair work was carried out and, owing to shortage of materials, only minor repairs were possible up to 1950. Many houses which should have remained in a reasonable condition deteriorated to such an extent that demolition is now the only satisfactory way of dealing with this accommodation. Moreover, local authorities have been hampered by legal difficulties in requiring repairs to be carried out, particularly where representation had already been made under the Housing Acts that the property was 'unfit'. However, provision was made in the Housing Repairs and Rents Act, 1954, for local authorities to acquire 'unfit' properties and to maintain them until rehousing and demolition can take place.

Many of the dwellings provided immediately after the end of the war were temporary prefabricated structures with a limited life of 10—15 years, and these are now requiring replacement. The rate of building of new houses (not only in Sheffield) has fallen short of our early hopes. New housing estates require schools, shopping centres, public buildings, etc., which make demands on the materials and the available craftsmen of the building industry. Although slum clearance was resumed in 1956, it is clear that existing slums must remain with us for a number of years, as the rehousing of slum tenants can only be carried out at the expense of families without a home of their own.

A comprehensive plan of clearance, building and redevelopment requires the closest co-ordination between many departments and chief officials of the Corporation. Owing to the complexity of the problems it has been necessary to formulate an integrated programme covering a period of some fifteen years; this programme was presented to, and accepted by, the Housing Committee in August, 1955.

In order to play our full part in expediting the slum clearance programme, a separate section under the control of a Superintendent Inspector was organised to deal exclusively with this work, so that effort might be concentrated, although inevitably this meant denuding the 'districts' of experienced staff.









The overwhelming need is for homes, but the need for good planning should not be far behind—in fact the two needs are complementary. The phase of the programme covering the first five years includes the redevelopment of four of the oldest areas of the City, where the houses are mainly back-to-back and generally over 100 years old. The redevelopment and the replacement of these houses will include high storey flats, and the abolition of some of the existing streets and byways. Three of the redevelopment areas include dwellings which were confirmed as ‘unfit’ by the Minister prior to 1940. The fourth area, containing 790 dwellings, which have been inspected individually, was represented to the Council as a Clearance Area in October, 1956.

What makes a house unfit to live in ? Pre-war ideas needed revision in the light of the Housing Repairs and Rents Act, 1954, which has introduced new broad standards for judging the fitness of a house for occupation—these are based on (a) repair, (b) stability, (c) freedom from damp, (d) natural lighting, (e) ventilation, (f) water supply, (g) drainage and sanitary conveniences, (h) facilities for storage, preparation and cooking of food, and for the disposal of waste water.

On these standards there are about 12,000 houses in the City which are unfit for human habitation, and for which new houses will have to be provided. Many of these unfit houses were “condemned” in 1938–39 and, but for the war, would have been swept away long ago.

The Council’s proposals for slum clearance include the acquisition of 9,000 houses for “patching and mending” to keep them wind and weather proof, and generally make conditions a little more tolerable. This intermediate stage of temporary repair precludes demolition for at least five years. Care has had to be exercised to ensure that “patching and mending” is not carried out where there is any possibility of the property being demolished for redevelopment purposes during this period. Many of these houses are in 76 Clearance Areas which were submitted to the Minister for confirmation in 1938–39. No decision was made at that time—or since—and it is therefore necessary for details of disrepair and unfitness to be revised, and up-to-date information obtained as to occupants and ownership. This evidence must be re-submitted to the Minister before 30th September, 1958.

It is often stated that the absence of a record of the housing conditions prior to the improvements and slum clearance carried out before 1939 is unfortunate, for it is impossible to show the present generation the improvements that have occurred. It has, therefore, been decided to compile a pictorial record of the houses that will be demolished so that as full a record as possible will become available. Some examples of these photographs are shown on the opposite page.

During the period June–September, 1956, a census of the occupants of the unfit houses in the four areas to be cleared was taken. This showed that on the average, ten per cent. of the houses are occupied by more than one family ; nearly a third of these sub-tenants had not previously applied to have their names on the Corporation waiting list.

Some interesting information on family structure and age grouping was obtained, and below is given an extract.

Family Structure

(1,784 houses—1,846 family units).

	Per Cent.
Number of persons living alone	17·5
Number of families, man and wife only	23·0
Two persons other than man and wife	2·5
Man, wife and one child	26·5
Man, wife and two children	17·5
Man, wife and three children	7·5
Man, wife and four children	3·5
Man, wife and five children	1·2
Man, wife and six children	0·3
Man, wife and seven children	0·25
Man, wife and eight children	0·25
	<hr/> 100·00 <hr/>

Classification according to age group

(Persons in houses—5,303).

	Per Cent.
0—4 years	8·5
5—9 years	8·7
10—14 years	8·3
15—19 years	7·8
20—30 years	15·5
31—40 years	15·5
41—50 years	14·2
51—60 years	9·5
61—70 years	7·5
Over 70 years	4·5
	<hr/> 100·00 <hr/>

These figures indicate that in only 13 per cent. of families were there three or more children. Age distribution is fairly uniform up to the age of 50 years, but the proportion of older people in the areas surveyed is rather less than might have been expected.

It is estimated that on the present census of the persons to be displaced from these areas, 40 per cent. of the families require only a one bedroom type house. It is intended to rehouse the families in their present neighbourhood wherever possible, although some families will have to be removed to the new estates on the periphery of the City so as to make land available for the first stage of the redevelopment.

In the last slum clearance drive, it was the practice of the Corporation to subject to cyanide gas treatment all the furniture and chattels of the tenants being removed, in order to secure the elimination of the bed bugs and their eggs. This was done in specially constructed vans, in which the furniture was conveyed to the new house at the Corporation's expense. With the introduction of D.D.T. into general use for this purpose, it was decided to discontinue the cyanide treatment and, as a result, it is possible to allow tenants to arrange their own removal.

Every house in a Clearance Area is inspected for the presence of vermin prior to removal and, when evidence of infestation is found, the removal is delayed until the house and furniture have been treated with a D.D.T. compound. For some years there had only been sporadic complaints of verminous premises and it was therefore rather surprising to find that between 18 and 30 per cent. of the houses in three of the slum clearance redevelopment areas were infested with bed bugs. We shall, therefore, shortly be in a position to confirm the efficiency of this latest method of disinfection, and a careful watch is being kept.

But the clearing of slums is, after all, a confession of failure. Could anything be done to prevent houses deteriorating through lack of maintenance and becoming the slums of the future ? The local authority may be able to take action against reluctant landlords under the Public Health or Housing Acts (see page 232). Where the tenant is responsible for repairs, however, defects are less likely to be brought to the notice of the public health inspector, and owner/occupiers, no less than landlords, may allow property to deteriorate through neglect.

Another aspect of the housing problem should be mentioned. Gross overcrowding is much less common now than in the years immediately before and after the war, but its continued existence must give pause for thought when it is considered how many old people and those with small families are living in houses that are too big for them. "Undercrowding" represents a wasteful use of the community's resources, and the running of such a home may easily tax the strength of those in failing health.

Many houses in private ownership are well built but are too big for present day conditions, or lack the amenities considered necessary by modern standards. The owner may apply for a grant towards the cost

of improving the property, including adaptations designed to provide two or more self-contained flats. Details regarding improvement grants are given on page 231.

It is not easy to assess the relationship between bad housing and disease. It is difficult to separate the many factors which so frequently go hand in hand with poverty—defective housing, overcrowding, poor nutrition, unhealthy habits ; who can say which of these should bear the major share of the blame ? The dangers from poor housing are rarely clear cut, but cumulatively their influence on health may be considerable. The insidious effects of bad housing extend far deeper than the direct causation of disease, and affect standards of progress—social, moral and hygienic.

Many requests are received for priority rehousing. Altogether some 530 applications were received in the Health Department during the year from hospitals, doctors, Church organisations and private individuals—some were from other Corporation departments, including the Housing Department, while others were reported by Health Visitors and Public Health Inspectors. They were concerned with actual and alleged overcrowding, old age, infirmity and various medical conditions ; to name a few—blindness, paralysis, heart disease, mental and nervous disorders, rheumatism, respiratory infections, cancer, epilepsy, poliomyelitis, amputations, tuberculosis of the bones, post-operative complications ; there were some in respect of unsatisfactory housing conditions. Every case was, in the first instance, investigated by a Public Health Inspector in order to obtain all the relevant information and the complete history of the case, and in almost every instance this entailed a visit to the home of the applicant. Each case received very careful consideration and many were very deserving, but only 139 could be recommended to the Housing Committee ; these had all been visited by the Medical Officer of Health personally and by a Superintendent Public Health Inspector.

The advances in medicine and surgery are presenting us with new problems, such as persons who have been operated upon for a heart condition and who are never likely to be robust, or the person who may have had part of the lung removed and who finds a hilly district beyond his power. Many disabled persons living under bad housing conditions require more suitable premises with easy access, and specially constructed without steps or stairs to enable full use to be made of an invalid carriage. It seems that where on the one hand surgery and hospital services have been very successful, the Local Authority should on the other hand be able to play its complementary part.

Erection of Dwelling-houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

During the year, 1,927 new dwelling-houses were erected, and 296 additional housing units were provided by the conversion of existing buildings into flats, or by new flats. In addition to these figures, 88 dwelling-houses and flats were erected on Corporation Estates outside the City boundary.

The approximate total number of houses on the Rate Books at 31st December, 1956, was 160,080.

Improvement Grants.—After the War it was realised that while much had been done, and more would have to be done, to clear away unfit houses, there was a large reservoir of house property which could not be classed as “unfit” but lacked the amenities which are usually associated with houses built during more recent years by both local authorities and private enterprise.

As a result, the Housing Act, 1949, included provision for local authorities to make grants to owners to enable them to carry out improvements so that dwellings will, after improvement—

- (i) be in a good state of repair and substantially free from damp ;
- (ii) have each room properly lighted and ventilated ;
- (iii) have an adequate supply of wholesome water laid on inside the dwelling ;
- (iv) be provided with efficient and adequate means of supplying hot water for domestic purposes ;
- (v) have an internal or otherwise readily accessible water closet ;
- (vi) have a fixed bath or shower, preferably in a separate room ;
- (vii) be provided with a sink or sinks and with suitable arrangements for the disposal of waste water ;
- (viii) have a proper drainage system ;
- (ix) be provided in each room with adequate points for gas or electric lighting (where reasonably available) ;
- (x) be provided with adequate facilities for heating ;
- (xi) have satisfactory facilities for storing, preparing and cooking food ;
- (xii) have proper provision for storage of fuel, where required.

The improved house must have a life of at least 15 years and the work cost a minimum of £100. If approved, the local authority may contribute one-half of the reasonable cost of the work of improvement, but the maximum grant which can be made is £400. Items of repair are carried out at the owner's expense.

Since the coming into force of the Act, 943 enquiries with regard to grants have been received ; 174 applications have been approved, 769 have not yet been proceeded with, and in 129 cases the work of improvement has been carried out.

In Sheffield, when an enquiry is received, a visit to the property is made by the Public Health Inspector, who decides whether or not the case is a suitable one. When the work is actually in progress, the supervision is carried out by either the Building Inspector or the Public Health Inspector (if no structural alteration of any magnitude is concerned). When all the work of improvement and repair (if any) has been completed, a Certificate is forwarded by the Public Health Inspector to the City Architect, who is responsible for checking the prices against the Specification. An annual inspection is carried out by the Public Health Department to see whether the conditions attached to the making of the grant are being observed.

In nearly all cases works of improvement have been carried out by owner-occupiers, but the plans and photographs shown opposite, illustrate a case of improvement where an owner has provided a hot water supply, bathroom and internal sanitation and a new food pantry in 7 houses, the total approved cost being £3,310 11s. 4d. and the grant £1,655 5s. 8d.

The Housing Repairs and Rents Act, 1954.—The following statement gives particulars of action taken in relation to applications from tenants and landlords under the above Act, which became operative on 30th August, 1954 :—

Section 26 (1) Certificates of Disrepair—

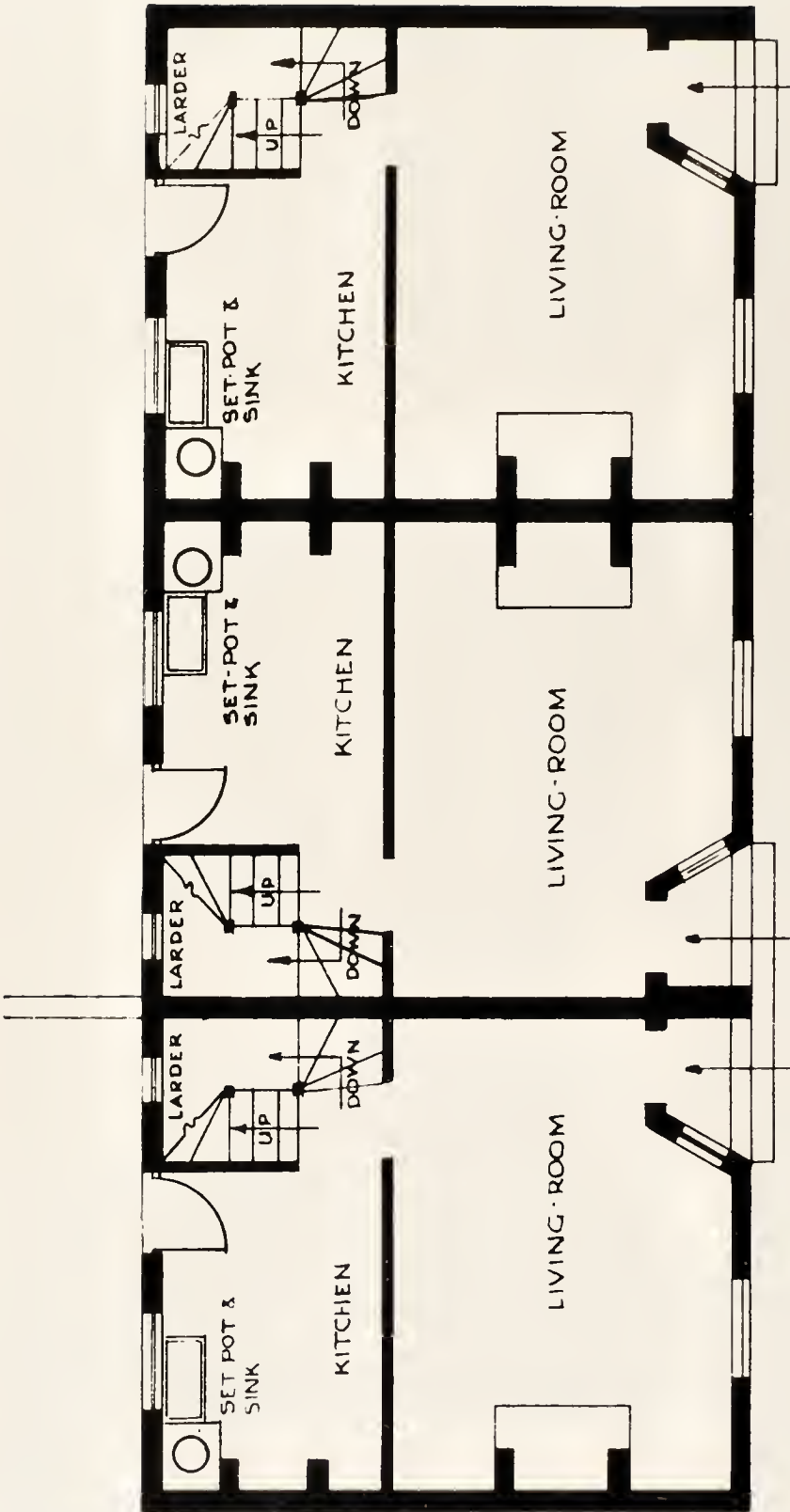
				1954	1955	1956
Applications from tenants	..	..	..	175	314	95
Applications withdrawn	..	..	..	1	15	4
Applications granted	..	..	..	167	287	85
Applications refused	..	..	..	7	12	6

Section 26 (4) Notice of Revocation—

Applications from landlords	..	..	..	2	158	93
Applications granted	..	..	..	2	145	85
Applications refused	..	..	..	—	13	8

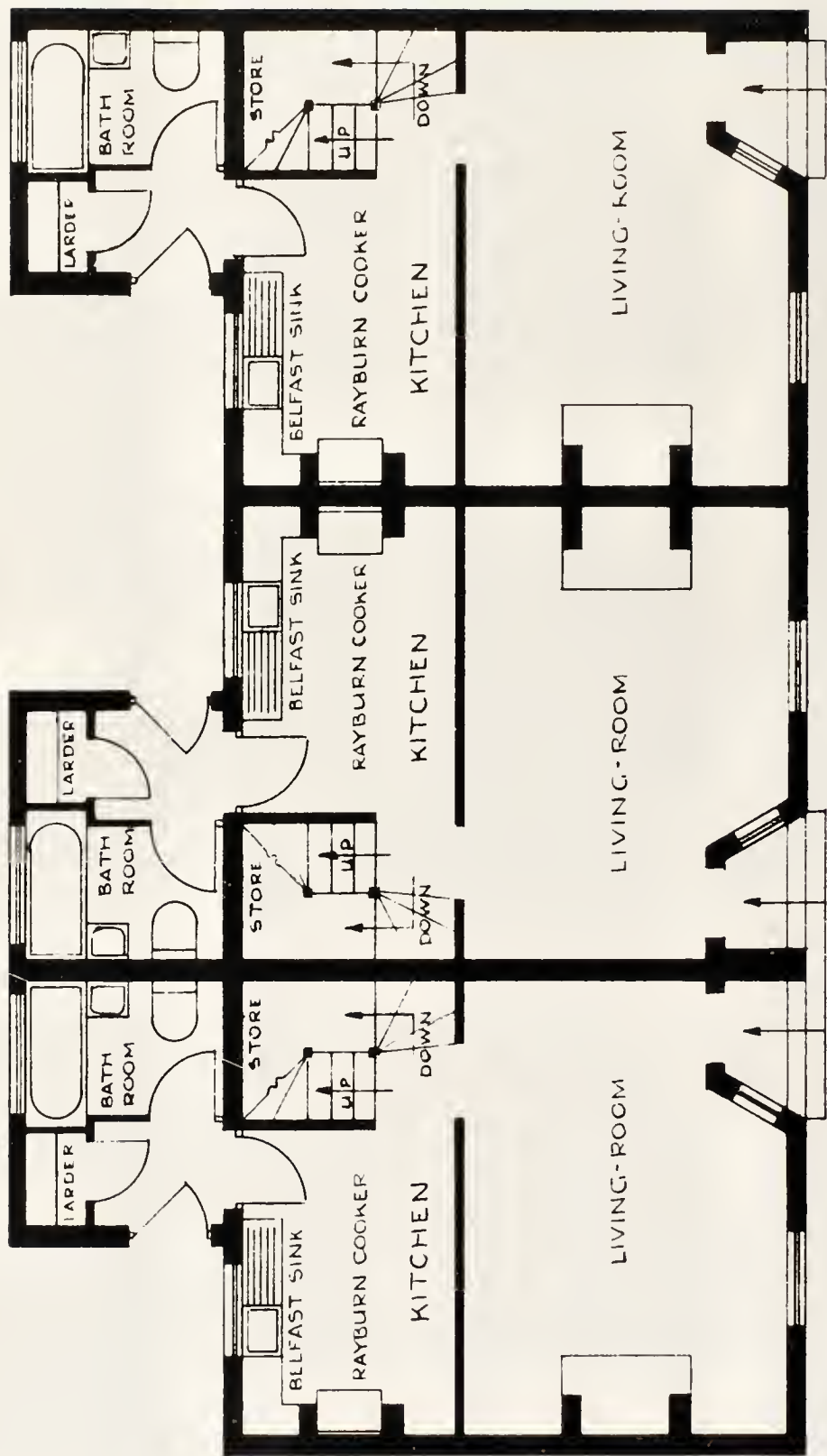
In the cases withdrawn by tenants, the landlord had agreed with the tenants to do the necessary repairs ; in the cases refused by the Local Authority, it was found on inspection that there were insufficient grounds to justify the issue of a Certificate of Disrepair.

The notices of Revocation were refused by the Local Authority because the landlord had not complied with the full requirements as set out on the Certificate of Disrepair, but at a later date the Local Authority granted revocation after being satisfied that all the requirements on the Certificate had been complied with.



HOUSES IN ELLESMERE ROAD
GROUND PLAN - BEFORE IMPROVEMENTS
SCALE 8 FEET TO ONE INCH







Clearance Areas and Individual Unfit Houses ; Action taken under the Housing and Public Health Acts

HOUSES NOT INCLUDED IN CLEARANCE AREAS

<i>Repairs</i>	1955	1956
Number of unfit or defective houses rendered fit during the year as a result of informal action	4,654	6,028
Public Health Acts—action after service of formal notice :		
Houses in which defects were remedied :—		
(a) by owners	1,851	2,110
(b) by local authority in default of owners	1	13
Housing Repairs and Rents Act, 1954—houses reconstructed, enlarged or improved and Demolition Orders revoked (Section 5)	Nil.	Nil.

Demolition of Houses.—The following statement gives particulars of houses demolished or rendered unusable as dwelling-houses as a result of action taken under the Housing Acts :—

	1955	1956
In Slum Clearance Areas	53	127
Individual unfit houses (Demolition Orders)	9	32
Individual unfit houses (Closing Orders)	8	14

FOOD AND DRUGS

By G. A. KNOWLES, F.A.P.H.I., M.R.S.H., Superintendent Food and
Drugs Inspector

*"Don't rely too much on labels
Far too often they are fables."*

—C. H. Spurgeon (Salt Cellars).

The shortage of staff, which has been experienced intermittently over the past ten years, was felt most acutely during the year. Two vacancies remained unfilled for the whole period. Inevitably there was a decrease in the amount of work done, this being most marked in the sampling duties. The number of samples submitted to the Public Analyst was the lowest for twenty years ; no Fertilisers and Feeding Stuffs samples were taken and it was not possible for the inspectorate to examine milk samples informally. The total number of visits made also showed a decrease. The staff of the section were under constant pressure, endeavouring to give the maximum cover possible to the numerous duties imposed by the statutes on the section. A new feature of the year's work was the increased number of complaints received of extraneous matter in food. The investigations entailed much additional work and recourse was had to proceedings in three cases. The introduction of the Food Hygiene Regulations, together with the publicity it has received, has made the purchasing public more hygiene conscious in regard to food matters, and these complaints are a reflection of this.

GENERAL FOOD INSPECTION

Food supplies at wholesale fish and fruit markets, wholesale and retail provision and food stores, and retail markets were inspected regularly and the Food Inspectors made 8,801 visits. Meat condemned and surrendered as being unfit for human consumption was taken to the Meat Digester Plant at the Corporation Abattoir. The remaining condemned food was removed to the Corporation Destructor at Penistone Road and destroyed by burning. Close supervision was exercised over the three shops which retailed horseflesh in the City. All the horseflesh sold in the City had been passed as fit for human consumption and had been slaughtered in the City's registered horse slaughterhouse. Regular visits were made to the two shops which retailed knackers' meat obtained from knackeries outside the City.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	..	..	..	7,857
Visits to retail food shops	..	..	..	944
Visits to horseflesh and knackers' meat shops	..	..	..	359

TABLE XXXV.—General Food Inspection—Food condemned as unfit for human consumption during the year 1956

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.	Description	Quantity	Tons	Cwts.	Qrs.	Lbs.
Canned Goods ..	46,011	—	—	—	—	Lemonade Crys-	94 jars	—	—	—	—
Bacon and Ham ..	—	—	17	2	6½	tals	—	—	1	1	2
Baking Powder ..	—	—	—	—	½	Margarine ..	—	—	—	—	—
Biscuits	—	—	—	—	18	Meat and Fish	552 jars	—	—	—	—
Bread, Cakes and	—	—	—	—	—	Paste	—	—	—	—	—
Pastry	—	—	13	—	9½	Meat and Fish	—	—	—	—	14
Butter	—	—	3	1	24½	Paste	—	—	—	—	—
Cereals	—	—	12	2	22	Meat and Meat	—	—	—	—	—
Cheese	—	1	6	—	23½	Products ..	12	18	3	11½	—
Coffee	—	—	—	—	1½	Meat Pies ..	34	—	—	—	—
Coffee Essence ..	91 bottles	—	—	—	—	Mustard ..	—	—	—	—	1
Confectionery	—	—	—	—	—	Pickles, Sauces,	1,573 bots.	—	—	—	—
Filling	—	—	—	—	6	etc.	—	—	—	—	—
Cooking Fat ..	—	—	2	—	12½	Poultry and Game	—	—	12	3	3
Cream	2 jars	—	—	—	—	Preserves ..	—	—	11	1	2½
Desiccated Coco-	—	—	—	—	—	Pudding Mix ..	—	—	—	—	11
nut	—	—	1	—	20½	Puddings ..	—	—	—	2	3½
Egg Yolk	1 pint	—	—	—	—	Rabbits	—	—	—	2	6
Egg (Bulk Frozen)	—	1	11	—	9	Rapeseed Oil ..	10 gallons	—	—	—	—
Egg (Shell) ..	3,654	—	—	—	—	Rennet Essence ..	15 bottles	—	—	—	—
Fish	—	7	16	—	1	Salt	—	—	—	—	1½
Fishcakes	613	—	—	—	—	Shellfish	—	3	8	2	23½
Flour	—	1	6	1	1½	Shellfish	22 jars	—	—	—	—
Foam Crystals ..	240 pkts.	—	—	—	—	Soft Drinks ..	167 bottles	—	—	—	—
Fruit	—	—	18	1	15	Soup Powder ..	360 pkts.	—	—	—	—
Fruit (Dried) ..	—	1	1	2	1	Spices	—	—	—	—	1
Ground Almonds	—	—	—	—	8½	Sugar	—	—	2	—	5½
Ground Nut Ker-	—	—	—	—	—	Sweets and Con-	—	—	—	—	—
nels	—	—	5	—	10	fectionery ..	—	—	—	2	5½
Ice Cream	—	—	—	—	1½	Synthetic Cream	3 gallons	—	—	—	—
Ice Lollies	134	—	—	—	—	Tea	—	—	—	2	1
Jellies	—	—	—	—	18	Vegetables ..	—	—	11	3	26½
Lard	—	—	—	2	24½	Yeast	—	—	—	—	1½
						Sundry Articles ..	6 jars	—	—	—	—

The total weight of food condemned and destroyed was 79 tons, 12½ lbs.

Details of Canned Goods Condemned

Commodity	Number of Cans
Fish	3,184
Fruit	29,276
Meat	4,725
Milk	2,996
Soup	2,031
Vegetables ..	3,238
Miscellaneous	561
TOTAL	46,011

Meat Inspection.—Inspections were carried out at a private slaughter-house as follows :—

Number of pigs inspected	Weight of meat and offal condemned and surrendered
	Tons cwts. qrs. lbs.
1,359	— 11 — 17

(For statistical purposes the above figures are included in the table giving the total number of animals slaughtered for sale for human food, which appears on page 245 of this report.)

Self Suppliers' Pigs.—17 pigs, which were slaughtered at private premises for consumption by their owners, were inspected and the details are as follows :—

		<i>Weight of meat and offal condemned and surrendered</i>			
<i>Number of pigs inspected</i>	<i>Passed Fit</i>	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
17	16	—	—	—	20

Total weight of all meat and offal condemned and surrendered as unfit for human consumption was 11 cwt., 1 qr., 9 lbs.

THE MILK SUPPLY

The daily average consumption of milk in Sheffield during the year 1956 was 41,170 gallons. This represents 0·66 pints per head of population. In 1931, the daily average consumption of milk per head of population was only 0·34 pints ; in 1938 it had increased to 0·43 pints and it continued to show an upward trend until 1951, when the figure was 0·68 pints. In 1952 and 1953 consumption fell slightly to 0·66 pints and 0·67 pints respectively. In 1954 the figure was 0·70 pints and in 1955 it was 0·69 pints.

The minimum standard for genuine milk, as laid down by the Sale of Milk Regulations, 1939, is 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat. During the year, the average quality of the 419 samples of milk procured in the City under the Food and Drugs Act, 1955, was 3·60 per cent. milk fat and 8·73 per cent. milk solids other than milk fat.

It will be of interest to relate briefly the various steps taken by the Inspectorate of the Food and Drugs Section to control and safeguard the City's milk supply. Statistical details of this work are given in the report of this Section's work. To ensure that the chemical quality of the milk sold in the City is up to standard, samples are taken daily from milk vendors as they deliver milk to the consumers' homes. Regular check samples are taken of the milk supplied by farmers to the pasteurising and sterilising dairies to ensure that this milk is up to standard. Milk samples are also taken for bacteriological examination to determine whether milk is infected with disease ; if milk has been pasteurised or sterilised, that is to say adequately treated with heat to destroy pathogenic organisms, routine samples are taken at frequent intervals to make sure that such milks have been processed in an efficient manner. All milks of special designation, namely : Pasteurised Milk, Tuberculin Tested Pasteurised Milk, Sterilised Milk and Tuberculin Tested Milk, are sold subject to licence and must comply with the requirements of the Milk (Special Designation) Regulations, and numerous samples are taken to ensure the purity of these milks.

FOOD AND DRUGS ACT, 1955

It will be seen from the table which follows that, of the 696 formal and informal samples of milk and other food commodities which were taken during the year, there were 23 or 3·30 per cent., which proved to be unsatisfactory.

TABLE XXXVI.—Results of analyses of samples taken under the Food and Drugs Act, 1955, during the year 1956

<i>Article Sampled</i>	<i>Total</i>	<i>Formal</i>		<i>Informal</i>	
		<i>Satisfact- ory</i>	<i>Unsatis- factory</i>	<i>Satisfact- ory</i>	<i>Unsatis- factory</i>
Milk	419	383	7	27	2
Boned Kippers	1	—	—	1	—
Butter	49	47	1	—	1
Buttermints	1	1	—	—	—
Chicklets (Chicken Rissoles)	1	—	—	1	—
Coffee	9	—	—	9	—
Crab Meat	1	—	1	—	—
Crab Paste	1	1	—	—	—
Cream	10	3	—	7	—
Cut Mixed Peel	5	—	—	5	—
Dried Milk	2	—	—	2	—
Drugs	4	—	—	4	—
Fish Paste	1	1	—	—	—
Fish Rissoles	1	1	—	—	—
Glace Cherries	6	—	—	6	—
Ground Almonds	9	—	—	9	—
Ground Almond Mixture	1	1	—	—	—
Ice Cream	34	25	1	8	—
Jam Tarts	3	—	—	3	—
Lard	9	9	—	—	—
Lemon Cheese	1	1	—	—	—
Lemon Curd	6	2	—	3	1
Lemon Curd (All Butter)	1	—	—	1	—
Lemon Tarts	3	—	—	3	—
Malt Vinegar	1	1	—	—	—
Margarine	4	3	—	1	—
Marmalade	2	1	—	1	—
Marzipan	6	—	—	6	—
Meat Paste	21	20	1	—	—
Meat Pies	6	—	—	5	1
Mincemeat	10	3	—	7	—
Non-Brewed Condiment	13	11	2	—	—
Potted Meat	14	11	3	—	—
Potted Salmon	1	—	—	1	—
Potted Salmon Paste	1	1	—	—	—
Saccharin Tablets	2	—	—	2	—
Sausage Meat (Beef)	1	—	—	1	—
Sausage Rolls	3	—	—	3	—
Sausages (Pork)	10	—	—	9	1
Self Raising Flour	7	—	—	7	—
Shredded Beef Suet	6	—	—	6	—
Strawberry Jam	1	—	—	1	—
Sweet Spirit of Nitre	3	1	1	1	—
Table Jellies	5	—	—	5	—
Table Jelly Crystals	1	—	—	1	—
TOTALS	696	527	17	146	6

The following statement gives particulars of the analysis of samples taken under the Food and Drugs Act, in the years 1939 to 1956 and shows, in regard to each year, the number of samples analysed and the number and percentage of the samples which were found to be unsatisfactory.

<i>Year</i>	<i>Total samples submitted</i>	<i>Unsatisfactory</i>	<i>Percentage unsatisfactory</i>
1939	1,264	56	4.43
1940	1,082	97	8.96
1941	1,064	117	10.98
1942	1,337	117	8.75
1943	1,228	117	9.53
1944	1,370	129	9.42
1945	1,341	97	7.23
1946	1,314	72	5.48
1947	827	71	8.59
1948	741	50	6.75
1949	1,183	144	12.17
1950	1,140	96	8.42
1951	1,125	74	6.57
1952	1,516	104	6.86
1953	1,304	65	4.98
1954	1,001	26	2.60
1955	1,339	75	5.60
1956	696	23	3.30

The decrease in the number of samples taken in the years 1947, 1948, 1953, 1954 and 1956 was due to the fact that the staff of Food and Drugs Inspectors was depleted, owing to the difficulty in replacing qualified staff who left the service. In 1952 it was possible for the first time to take the number of samples, namely, 3 per 1,000 of population, laid down as the desired minimum; unfortunately staff shortages in 1953 and 1954 again reduced the number of samples taken. During most of 1955 there was a full staff complement but unfortunately, due to resignations, the staff is now undermanned to a new low level, and the number of samples taken during 1956 was the lowest for many years.

Legal Proceedings.—The results of legal proceedings which were taken during the year for offences against the Food and Drugs Act, and which resulted in penalties totalling £72 12s. 0d. being imposed, are given in the following statement :—

<i>Offence</i>	<i>Penalties imposed</i> £ s. d.		
Selling a cake containing a wire nail	5	10	0
Selling an article of confectionery containing a wire nail	10	5	0
Selling a loaf of bread containing a cockroach	15	5	0
Selling ice cream deficient in fat	3	2	0
Selling meat paste deficient in meat	21	15	0
Selling potted beef containing a preservative	6	15	0
Selling butter containing excess water	case dismissed, Warranty defence upheld		
Possession for preparation for sale of unfit food	10	0	0
TOTAL	£72	12	0

In addition to the cases taken to prosecution 13 warnings were given in the cases detailed below :—

- Milk deficient in fat (4 cases).
- Milk containing a small amount of added water (1 case).
- Potted Meat containing excess water (2 cases).
- Crab Meat containing a small amount of cereal filling (1 case).
- Lemon Curd sold with a misleading label (1 case).
- Sweet Spirit of Nitre deficient in ethyl nitrite (1 case).
- Non-Brewed Condiment deficient in acetic acid (2 cases).
- Pork Sausages deficient in meat content (1 case).

MILK AND DAIRIES REGULATIONS

The Presence of Tubercle Bacilli in Milk.—During 1956, owing to shortage of staff, no samples were taken. In 1954 and 1955, 47 samples and 24 samples respectively were taken of raw Tuberculin Tested Milk and found to be non-tuberculous. During the period between the years 1931 to 1953 a total of 15,389 milk samples were examined for the presence of tubercle bacilli and 1,313 or 8·53 per cent. of the samples were found to be tuberculous. The effect of making Sheffield a “ specified area ” on May 1st, 1953, has been to restrict the sales of milk in the City to the following designated milks :—Pasteurised, Sterilised and Tuberculin Tested.

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The Inspectors made 60 visits to dairy premises to secure compliance with the above Regulations.

Milk of Special Designation.—The following table indicates the amount of milk of special designation sold daily in the City in 1956. The estimated daily average consumption of milk in the City during the year was 41,170 gallons, the whole of which was designated milk.

TABLE XXXVII.—Daily Sales of Designated Milk in the City during the year 1956

<i>Type of Designated Milk</i>	<i>Number of gallons sold</i>	<i>Percentage of City's total milk supply</i>
HEAT TREATED MILKS		
Pasteurised	29,878	72·57
Tuberculin Tested Milk Pasteurised	9,062	22·01
Sterilised Milk	1,505	3·66
TOTAL	<u>40,445</u>	<u>98·24</u>
RAW MILKS		
Tuberculin Tested	725	1·76
TOTAL	<u>725</u>	<u>1·76</u>
TOTAL (all types) ..	41,170	100·00

The Tuberculin Tested Milk sold in the City was wholly farm bottled and was delivered direct to the consumer from the producing farms. Of the twenty farms producing this milk, five are within the City area and the remainder are situated in adjoining rural areas. Two City farms produce Channel Island Tuberculin Tested Milk. One of the large dairies retails Channel Island Pasteurised Milk. These latter milks have a four per cent. milk fat standard.

The sales of Pasteurised Milk in the City have shown a steady increase each year, and there are at present in Sheffield three large modern pasteurising plants, all operating new " High Temperature Short Time " pasteurising machines. In addition, there is a small plant of this type at another dairy. A small " Holder " pasteurising plant is also licensed at this dairy but was not used during 1956.

The whole of the 426 samples of Pasteurised Milk and Tuberculin Tested Milk Pasteurised taken during the year satisfied the Methylene Blue Test and the Phosphatase Test. The Turbidity Test results of the 53 samples of Sterilised Milk taken were all satisfactory.

The four unsatisfactory Methylene Blue examinations of Raw Tuberculin Tested Milk were reported to the Agricultural Executive Committees for the areas in which the producing farms are situate. The producers were also informed of their failure to comply with the statutory standard for Tuberculin Tested Milk.

Frequent checks were made at the processing dairies to ensure that the Tuberculin Tested Milk they received and processed was from licensed Tuberculin Tested farms, and also to see that the quantities of this milk sold did not exceed the quantities received.

The sterilised milk sold in the City is processed at four dairies, three of which are outside Sheffield. The majority of this milk is sold in grocers' shops.

The whole of the milk supplied to school children was pasteurised milk.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated Milks during the year are given in the following statement :—

<i>Description of Milk</i>	<i>Nature of test</i>	<i>No. of samples tested</i>	<i>No. of samples which were satisfactory</i>
Pasteurised Milk	Methylene Blue	230	230
Pasteurised Milk	Phosphatase	230	230
Pasteurised Milk	Bacillus Coli	230	*213
Tuberculin Tested Milk (Pasteurised) ..	Methylene Blue	196	196
Tuberculin Tested Milk (Pasteurised) ..	Phosphatase	196	196
Tuberculin Tested Milk (Pasteurised) ..	Bacillus Coli	196	*185
Sterilised Milk	Turbidity	53	53
Tuberculin Tested Milk (Raw)	Methylene Blue	24	20

* No Bacillus Coli in a millilitre of the milk.

ICE CREAM

Bacteriological Examination.—30 samples of Ice Cream were submitted for bacteriological examination during the year.

The whole of the samples were subjected to the Provisional Methylene Blue Test for Ice Cream and the Bacillus Coli Test.

GENERAL SUMMARY

Total number of samples taken	*Methylene Blue Test			
	Grade 1	Grade 2	Grade 3	Grade 4
30	13	7	5	5

**Explanatory Note.*—In the provisional methylene blue test the grade classifications are as follows :—GRADES ONE and TWO—satisfactory. GRADE THREE—fair, capable of improvement. GRADE FOUR—unsatisfactory.

Total number of samples	Bacillus Coli Test	
	Satisfactory	Unsatisfactory
30	*10	20

* No B.Coli in one millilitre.

CLASSIFIED SUMMARY

HEAT-TREATED ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
Grade 1	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory
8	6	5	4	8	15

COLD MIX ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
Grade 1	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory
5	1	Nil	1	2	5

Chemical Analysis.—The standard of composition for ice cream is prescribed by the Food Standards (Ice Cream) Order, 1953. The fat content has to be 5 per cent., sugar content 10 per cent. and the milk solids content $7\frac{1}{2}$ per cent.

During the year, 34 formal samples of ice cream were taken from vendors and submitted to the Public Analyst for analysis. The average fat content of these 34 samples was 9·10 per cent. and the fat contents of the samples varied from 3·98 per cent. to 14·32 per cent. 33 samples complied with the Food Standards Order and one sample which contained only 3·98 per cent. of fat, failed to satisfy the standard. The manufacturer of this sample was prosecuted and penalties totalling £3 2s. 0d. were imposed.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

The following samples of food were submitted for bacteriological examination :—

<i>Description of Food</i>								<i>Number of samples submitted</i>
Boned Kippers	..	..	..	..	..	..	..	1
Biscuit Meal	..	..	..	..	..	..	..	1
Chinese Frozen Whole Egg	..	..	..	..	..	..	..	100
Chocolates..	..	..	..	..	..	..	..	1
Cooked Ham	..	..	..	..	..	..	..	1
Corned Beef	..	..	..	..	..	..	..	1
Cream	..	..	..	..	..	..	..	21
Gelatine	..	..	..	..	..	..	..	2
Ice Cream Mix	..	..	..	..	..	..	..	1
Luncheon Meat	..	..	..	..	..	..	..	1
Pork Pie	..	..	..	..	..	..	..	1
Sultanas	..	..	..	..	..	..	..	1
TOTAL								<u>132</u>

The 100 samples of Chinese Frozen Whole Egg referred to above were taken at the request of the Ministry of Health from a stock of 2,072 × 22 lb. tins of frozen egg owned by the Ministry of Agriculture, Fisheries and Food and stored in a Sheffield Cold Store. 17 of the samples were unsatisfactory and, because of the salmonella group organisms isolated, the stock was withdrawn by the Ministry from the Cold Store.

MERCHANDISE MARKS ACT, 1926

The various orders made under the above Act require the marking on exposure for sale with an indication of origin, of certain imported foodstuffs, including apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products and poultry. Local Authorities are required to enforce the provisions of the Act and its orders. In connection with this work the Food Inspectors made 112 visits.

PHARMACY AND POISONS ACT, 1933

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at 31st December, 1956).	701
Premises added to the list of persons during the year	166
Number of routine visits and inspections in the year 1956	120

AGRICULTURAL PRODUCE (GRADING AND MARKING) ACT, 1928

Two visits were made to egg packing stations and cold storage depots in regard to the preservation of eggs.

THE HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1951

Fumigation of Food Premises with Hydrogen Cyanide.—Two flour mills were fumigated by Hydrogen Cyanide during the year. The fumigation was carried out to keep in check the infestation by grain pests which is endemic in all flour mills and associated warehouses.

Before releasing for use, the foodstuffs which were in the premises during the fumigation, seven samples were taken of these foodstuffs and they were analysed to ensure their freedom from Hydrogen Cyanide. All the samples were satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Owing to the shortage of staff no samples were taken during the year.

FOOD HYGIENE

The Superintendent Food and Drugs Inspector gave a number of lectures and talks during the year on hygiene in food to the food trade associations, the licensed houses staff classes, nurses, community and religious associations and to the staffs of food firms. The Food Hygiene Regulations, 1955, which came into force on January 1st, 1956, created an increased demand for information on food hygiene matters generally and more evening talks and lectures were given. These were all well attended and the questions asked after the lectures indicated keen interest. Good co-operation with the food trades on the new Regulations has been achieved and satisfactory progress is being made.

4

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1956

Visits

Number of visits made by the Food Inspectors :—

To Markets and Food Premises	8,801
To Horseflesh and Knackers' Meat Shops	359
Re Milk and Dairies Regulations	60
Re Merchandise Marks Act	112
Re Pharmacy and Poisons Act	120
Re Agricultural Produce (Grading and Marking) Act	2
	9,454

Sampling

Number of samples taken :—

Food and Drugs Act, 1955—for analysis by Public Analyst ..	696
Food for bacteriological examination	132
Ice Cream—for bacteriological examination	30
Hydrogen Cyanide Regulations—foodstuffs after fumigation ..	7
Designated Milk samples—for bacteriological examination :—	
Pasteurised	230
Tuberculin Tested Milk (Pasteurised)	196
Sterilised	53
Tuberculin Tested Milk	24
	503
	1,368

Meat Inspection

Number of pigs inspected	1,376
	<i>Tons cwt. qrs. lbs.</i>
Weight of unfit meat condemned	11 1 9

Other Foods Inspection

Weight of unfit food condemned	79	—	—	12½
TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED ..	79	11	1	21½

MEAT INSPECTION

BY G. WHITELEY, M.A.P.H.I., M.R.S.H. (Superintendent Meat Inspector)

" Meat to the people."—Psalms 74, 14

Private Slaughterhouses.—There are two private slaughterhouses in the City. One of these is used exclusively for the slaughter of pigs, and 1,359 pigs were slaughtered there in the year 1956. One carcase, 30 part carcasses, and offal, representing a weight of 1,249 lbs. from these pigs, were found to be unfit for human consumption and were condemned. At the other private slaughterhouse, which is the special Horse Slaughterhouse at the Corporation Abattoir, there were 358 horses slaughtered during the year. All were examined by the Meat Inspectors.

Corporation Abattoir.—The carcase of every animal which is slaughtered for food at the Corporation Abattoir is examined by a qualified meat inspector, and any carcase suspected of being diseased is taken to the Detention Room for a final inspection. Inspections are also made of the animals whilst they are in the lairages awaiting slaughter. Any which are suspected of being diseased are taken to an Isolation Slaughterhall, where they are slaughtered and dressed in order that they may have no contact with the healthy animals. Animals slaughtered under the Tuberculosis Order, 1938, are kept under careful observation, and are also subject to careful examination. The Ministry of Agriculture, Fisheries and Food are at once informed of any instance where an animal is suspected as suffering from a notifiable disease.

246,653 animals of all kinds were slaughtered and inspected at the Abattoir during the year, as against 223,466 in 1955. 241,144 of them were slaughtered by electrical or mechanical stunning as against 219,388 in 1955. Oxen and calves are stunned by captive bolt pistol, sheep and pigs by the use of electrically-charged stunning tongs. The table which follows gives details regarding all animals which were slaughtered and inspected in the City in the year 1956.

TABLE XXXVIII.—Animals slaughtered and inspected in the City in the year 1956

<i>Where Slaughtered</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Abattoir Main Slaughterhalls ..	46,911	9,103	93,732	89,499	—	239,245
Do. (Jewish Method) ..	522	20	1,831	—	—	2,373
Do. (Mohammedan method)	1	—	3,135	—	—	3,136
Isolation Slaughterhall	131	13	8	30	—	182
Totals (Abattoir)	47,565	9,136	98,706	89,529	—	244,936
Totals (Private Slaughterhouses)	—	—	—	1,359	358	1,717
Grand Totals	47,565	9,136	98,706	90,888	358	246,653

Of the 246,653 animals slaughtered and inspected in the City in the year 1956, there were 1,080 whole carcasses found to be in a diseased condition and condemned, and a further 46,079 carcasses, some part or organ or part organ of which was condemned. In the following table are given further particulars relating to carcasses which were condemned, and separate information is shown in regard to carcasses which were affected with Tuberculosis or Cysticercosis.

TABLE XXXIX.—Carcases and Offal inspected and condemned, in whole or in part, in the City during the year 1956.

<i>Class of Animal</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Number killed and inspected ..	47,565	9,136	98,706	90,888	358	246,653
<i>All diseases except Tuberculosis and Cysticerci—</i>						
Whole carcasses condemned ..	51	68	414	216	—	749
Carcasses of which some part or organ or part organ was condemned	21,758	11	9,916	4,531	54	36,216
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	45·85	0·86	10·46	5·22	15·08	14·99
<i>Tuberculosis only—</i>						
Whole carcasses condemned ..	258	11	2	59	—	330
Carcasses of which some part or organ was condemned ..	8,332	3	3	1,476	—	9,814
Percentage of the number inspected affected with tuberculosis	18·06	0·15	0·01	1·69	—	4·11
<i>Cysticercosis—</i>						
Carcasses of which some part or organ was condemned ..	49	—	—	—	—	49
Carcasses submitted to treatment by refrigeration	49	—	—	—	—	49
Generalised and totally condemned	1	—	—	—	—	1

TABLE XL.—Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1956.

	MEAT								OFFALS								TOTALS			
	<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>				<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>							
	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>
Cattle ..	71	19	2	7	17	1	3	10	122	9	—	27	140	6	—	2	351	16	2	18
Calves ..	—	4	1	17	1	5	2	9	—	2	2	12	—	14	1	22	2	7	—	4
Sheep ..	—	—	2	22	9	5	3	7	—	—	3	17	14	4	1	27	23	11	3	17
Pigs ..	12	5	1	17	15	7	3	25	4	2	2	12	16	12	2	24	48	8	2	22
Horses ..	—	—	—	—	—	1	1	8	—	—	—	—	—	9	—	19	—	10	1	27
TOTALS ..	84	10	—	7	43	2	2	3	126	15	1	12	172	6	3	10	426	14	3	4

T—Tons. C—Cwts. Q—Qrs. L—Lbs.

Cysticercus Bovis.—A routine examination of all beasts slaughtered is made by incisions into the internal and external masseter muscles and into the pillars of the diaphragm. The surface of the heart and all exposed muscle surfaces are examined.

Any evidence of *cysticercus bovis* seen during this routine inspection results in the condemnation of the organs affected and a further examination of the carcase by incisions into the thick muscles, and, if necessary, cutting the carcase into smaller joints.

If no cysts are found in the remainder of the carcase, it is put into cold storage for three weeks and then checked out and passed as fit for human consumption. If, however, the condition is found to be generalised, the whole carcase and all the offal are rejected and destroyed.

49 carcasses were found to be affected with Localised Infestation and 1 Carcase with Generalised Infestation.

By a local bye-law, it is a requirement that all meat from animals killed outside the City and which is for sale for human consumption in Sheffield, excepting salted or frozen meat or meat bearing the official stamp of the Minister of Health, must be brought to the Sheffield Corporation Abattoir for inspection. Particulars of the meat which was so brought to the Abattoir in 1956 are as follows :—

			Number	Weight			
PIGS—				Tons	Cwts.	Qtrs.	Lbs.
Carcases	..	..	14,331½				
Heads	..	..	5	—	—	2	4
Plucks	..	..	6,479	21	10	2	26
Meat and Offals	..	..	—	19	3	1	7
CATTLE—							
Carcases	..	..	41				
Sides	..	..	37				
Meat and Offals	..	..	—	38	17	3	21
CALVES—							
Carcases	..	..	240				
Offals	..	..	—	—	—	1	17
SHEEP—							
Carcases	..	..	3,603				
Offals	..	..	—	5	8	2	24

Of the above meat, inspected as required by the bye-laws, a total of 14 cwts., 3 qrs. and 15 lbs. was found to be unfit for human consumption.

In addition, the total weight of meat imported from outside the country found unfit for human consumption was 8 tons, 8 cwts. and 12 lbs.

Disposal of Condemned Food.—All meat found on examination to be unfit for human consumption is disposed of in the Bye-Products Plant at the Corporation Abattoir by processing into animal feeding meals, fats, etc.

Diseases of Animals Acts (Non-Veterinary Functions).—The non-veterinary functions under the Diseases of Animals Acts are administered by the Local Authority, and the inspectors appointed for this purpose made 959 visits during the year 1956. Information is given below under the main headings of this work :—

Regulation of Movement of Swine Orders.—The major provisions of these Orders are that all swine which are exposed for sale at Markets are to be subject to detention and isolation for a period of twenty-eight days after leaving the market. Licences to move the swine are issued at the Sheffield Corporation Abattoir and at Wadsley Bridge Live Stock Market, and there is systematic visiting to ensure that the provisions of the Orders are observed.

Transit of Animals Orders.—Cleansing and disinfecting of road vehicles used for the transporting of animals to the Corporation Abattoir and to and from Wadsley Bridge Live Stock Market is undertaken by the Corporation, at a small charge to cover expenses. 1,899 vehicles were so cleansed and disinfected during 1956.

Swine Fever.—In cases of Swine Fever, it is the duty of the Local Authority to arrange for the disposal of the carcasses of infected pigs, to notify the Ministry of Agriculture, Fisheries and Food and also to carry out the necessary disinfection of all sties or premises which have housed the diseased animals. There were 14 suspected cases reported to the Ministry for further investigation.

Licences were issued for the movement of animals under the Swine Fever Order.

Tuberculosis Order, 1938.—The Local Authority is required to supervise the disinfection of the stalls or standings in which there have been cattle affected with Tuberculosis, and 18 cattle were slaughtered in the Isolation Slaughterhall at the Corporation Abattoir under the provisions of this Order. Disinfection was in all cases carried out satisfactorily during the year.

Foot and Mouth Disease.—There were no outbreaks of Foot and Mouth Disease in the City during the year, and at no time during 1956 was the City within the Infected Areas.

Anthrax Order, 1938.—There were seven cases of suspected Anthrax reported, four at the Abattoir and three at other premises within the City, during the year. All were reported to the Ministry of Agriculture, Fisheries and Food, and one case was confirmed.

HEALTH EDUCATION

" 'Tis the taught already that profit by teaching."

—Robert Browning (Christmas Eve)

Health Education in general was carried out throughout the year by all the members of the staff who are in contact with the general public. To the health visitor, education in the care of health is a routine duty, both in the clinic and when visiting the home regarding the care of the child. The public health inspector is continually in touch with the homes of the people, and health education is also carried out during the course of their work by home nurses, midwives, etc.

Mothercraft classes have been held regularly at the Infant Welfare Centres. The classes are supervised by Health Visitors and open discussion on health matters by the mothers is encouraged.

Members of the staff gave a considerable amount of instruction in connection with courses in Building Construction, Sanitary Engineering, Plumbing Science, Public Health Inspection and Food and Drugs Inspection. Lectures were also given by officers from most sections of the Department to members of various welfare and other organisations in the city, and informal talks on the work of the Public Health Department have been given to community associations. Talks in connection with food hygiene have been given to various trade organisations by the staff of the Food and Drugs section.

Much of this work is in connection with courses of training, but it is felt that the lectures and demonstrations of a more popular nature are worthwhile in educating members of the public in improved methods of hygiene and child care, etc., and in disseminating information concerning the Public Health services.

Accidents in the Home.—By an arrangement between the Medical Officer of Health and various hospitals in the city, information is received with regard to persons who have received treatment on account of accidents, burns and scalds in the home and, in the case of children and old people, visits were paid to these homes by the health visitors in the hope that suitable preventive measures could be arranged in order to avoid further accidents. An account of this work will be found on page 114 of this Report.

Visual Aids (Films, etc.)—Visual aids are being used on an ever increasing scale. A "library" of flannelgraphs has been established and many new additions have been made during the past year. Films and filmstrips dealing with the promotion of better health are also being used as

part of the educational programme of the Department, and the following is a summary of the work carried out with the Department's film equipment during the year under report :—

<i>Type of Audience</i>	<i>Motion Projector</i>	<i>Filmstrip Projector</i>
Mothercraft Classes	43	28
General Audiences (Church organisations, Social Studies Classes, Clubs, etc.)	6	4
Catering Establishments	3	3
Staff—Health Visitors	1	1
Public Health Inspectors	1	2
Home Nurses	—	3
Children's Department Staff	5	—
Total number of programmes :—	59	41
Total running time (hours)	61 $\frac{3}{4}$	25 $\frac{1}{2}$

The programmes have dealt with a wide variety of subjects, *e.g.* accident prevention, smoke abatement, food handling, home nursing techniques, midwifery, public health inspection, ante-natal and post-natal care, breast feeding, child development and the care of children's teeth, eyes, ears, etc., and the audiences have invariably expressed their interest and appreciation.

METEOROLOGY

" Everyone talks about the weather, but nobody does anything about it."

—Mark Twain.

**TABLE XLI.—Meteorology during 1956. Records taken at Weston Park
(430 feet above sea level)**

<i>Week ended</i>	<i>Mean Barometer Corrected</i>	<i>Air Maximum Mean Daily Temperature</i>	<i>Air Minimum Mean Daily Temperature</i>	<i>Grass Mean Daily Temperature</i>	<i>Soil 1 foot Mean Daily Temperature</i>	<i>Soil 4 feet Mean Daily Temperature</i>	<i>Total Rainfall for the week (inches)</i>	<i>Mean Daily Sunshine (hours)</i>
Jan. 7th	30.21	47	37	30	39.4	44.1	0.47	1.5
14th	29.36	39	33	28	36.2	43.4	1.49	0.9
21st	29.76	46	36	30	37.4	42.3	1.84	1.7
28th	29.87	42	33	28	36.4	42.0	1.55	1.4
Feb. 4th	30.31	37	27	21	37.0	41.2	0.75	0.8
11th	30.53	42	35	32	37.9	41.2	0.17	0.7
18th	30.02	34	28	25	35.6	41.1	0.44	2.0
25th	30.21	32	26	23	34.6	40.3	0.29	0.7
Mar. 3rd	30.08	49	37	33	37.5	39.9	0.63	1.4
10th	30.23	48	36	30	39.8	40.4	0.09	5.4
17th	30.16	43	30	23	36.9	41.0	0.04	3.3
24th	29.59	50	37	35	40.2	40.7	0.29	1.0
31st	30.11	52	39	34	42.8	41.8	0.21	2.3
April 7th	30.09	51	38	32	43.0	42.5	0.34	4.2
14th	29.90	48	40	37	43.9	43.2	1.28	1.3
21st	30.15	52	34	22	42.3	43.5	0.03	7.1
28th	29.87	50	36	29	44.2	43.9	0.81	1.7
May 5th	30.15	60	44	36	47.3	44.3	0.06	5.4
12th	30.10	63	50	45	53.1	45.9	0.21	5.7
19th	30.25	59	44	38	52.9	47.6	—	8.1
26th	30.02	63	43	35	52.5	48.8	0.03	10.2
June 2nd	30.13	65	48	42	55.0	49.6	0.17	7.7
9th	29.78	57	46	42	54.3	50.7	1.46	4.6
16th	30.10	61	46	43	54.7	51.1	1.36	6.2
23rd	30.20	63	51	48	55.0	51.8	0.16	3.0
30th	30.06	64	51	46	57.7	52.4	0.25	4.8
July 7th	29.78	67	54	52	59.2	53.5	1.51	4.6
14th	30.08	64	52	46	59.9	54.6	0.84	5.1
21st	29.92	64	55	54	58.4	55.0	1.42	1.1
28th	30.04	69	57	53	62.1	55.6	1.33	5.9
Aug. 4th	29.72	62	51	46	58.8	56.6	2.06	2.0
11th	30.03	65	51	46	59.4	56.2	0.47	4.4
18th	29.70	62	53	50	58.9	56.6	1.95	3.0
25th	29.66	62	49	43	57.9	56.7	0.95	4.2
Sept. 1st	29.90	58	47	41	56.0	56.3	0.96	3.7
8th	29.82	62	52	46	56.5	55.8	2.11	2.6
15th	30.10	63	52	45	57.5	55.7	0.03	1.8
22nd	30.14	65	50	44	56.7	55.9	0.21	4.3
29th	29.78	65	52	46	58.1	56.0	0.77	3.5
Oct. 6th	29.97	55	46	38	54.2	56.0	0.76	4.2
13th	30.36	59	45	38	51.4	55.0	0.07	3.2
20th	30.00	59	46	38	51.5	53.7	0.25	2.4
27th	30.12	54	45	36	50.2	53.1	0.19	4.0
Nov. 3rd	30.35	48	41	36	45.7	52.0	0.07	1.6
10th	30.05	52	43	37	45.8	50.6	0.19	1.5
17th	30.28	49	40	32	43.7	49.6	0.02	1.9
24th	30.28	43	36	30	42.0	48.4	0.06	0.0
Dec. 1st	29.92	46	38	34	41.2	47.2	0.54	1.5
8th	30.28	54	47	41	44.1	46.2	0.14	0.4
15th	29.76	50	42	34	43.7	46.7	1.08	0.7
22nd	30.12	45	34	27	40.3	46.1	0.93	1.0
29th	29.92	38	32	28	36.8	44.6	1.73	0.3

A HUNDRED YEARS AGO (1856) *

By C. H. SHAW, M.D., D.P.H., D.P.A.,
Deputy Medical Officer of Health

"Plus ça change, plus c'est la même chose" —Montesquieu

In December, 1846, a Health Committee had been appointed by the Sheffield Town Council "to watch over the health of the inhabitants for the promotion of health and the prevention and removal of disease". By 1856—the year to which this account refers—the Health Committee had taken over, from the Sanitary Committee of the Boards of Guardians, the administration of the Nuisances Removal and Diseases Prevention Acts. The 1848 Public Health Act, however, had not been adopted and there was consequently a multiplicity of Authorities with overlapping responsibilities. For example, the Boards of Highways were concerned with the construction, repair and drainage of certain roads, including the provision of sewers. The Improvement Commissioners were responsible for lighting and scavenging of streets—but only within a radius of three-quarters of a mile of the Parish Church. The Turnpike Trusts, the Town Trustees and the Corporation itself also had a part to play in the construction, maintenance or improvement of Sheffield thoroughfares.

A conspicuous example of the confusion that sometimes arose occurred in July, 1856, when the Board of Highways pulled up the open channel stones that conveyed waste water across the footpaths in Hoyle Street. The intention was to force property owners to construct underground drains, but the Corporation took proceedings against the Board for causing a nuisance and it was obliged to replace the stones.

The precise powers of the Corporation to construct sewers were clouded with uncertainty. Edwin Bramley, the Town Clerk, advised the abandonment of a major scheme to provide a new outlet for the town sewage on the grounds that its powers were limited to the construction of a sewer to abate a particular nuisance. A member of the Council complained that the smell from the River Don was so bad that he had to keep the door and windows of his house shut and send his family away for three or four months each summer.

Despite these difficulties, the Health Committee appears to have tackled its problems energetically. During the municipal year ended November, 1856, 27 meetings were held compared with 12 of the Smoke Committee, 12 of the Bridges and Streets, 22 of the Library, 49 of the Watch and 6 of the Finance Committee. Although the number of cases

* Compiled from Corporation minutes, Sheffield Daily Telegraph, Sheffield Independent and the Sheffield Times.

reported at each meeting was considerable, the work of the Health Committee was largely restricted to the abatement of nuisances. Regularly authority would be given to start proceedings because of nuisances caused by foul ashpits, gutters, privies, drains or cesspools ; foul water in cellars ; accumulation of privy soil and ashes ; pig styes ; cowhouses.

From time to time something a little more out of the ordinary was considered. Nuisance proceedings were initiated because a house was "unfit for human habitation" and the premises generally in a filthy condition. Summonses were taken out against 13 owners of property in Henry Street on the grounds that the gutters were so foul and the streets generally so filthy as to be a nuisance. The Chief Sanitary Inspector advised that the construction of a drain was necessary to abate the nuisance and it appears that all but two of the cases were withdrawn after the owners had agreed to pay their share of the costs. At the April meeting there were obvious signs of a drive to improve the state of the urinals provided at Taverns.

The Health Committee had the part-time services of Mr. Reuben Chapman, an assistant surveyor to the Sheffield Highways Board, who was designated Chief Sanitary Inspector. There were two Assistant Sanitary Inspectors—Mr. Jonathan Wood, who had previously acted as Inspector of Nuisances to the Sanitary Committee of the Board of Guardians, and Mr. Thomas King. These officers, assisted by a clerk, may be considered the beginnings of the Public Health Department, although it should be borne in mind that they were on the staff of the Chief Constable. The first Medical Officer of Health was not appointed until 1873.

The public might enter complaints regarding nuisances into books provided at the Town Hall, police stations and poor rates offices. During the year the Health Committee authorised nuisance proceedings against two manufacturers, certificates in each case being submitted by two doctors as required by the Act. The nuisances arose from a tannery near the Twelve O'Clock Toll Bridge and a tallow chandler's in Fargate.

Among the other matters reported were two instances where an inspector had 'seized' a carcase of meat and taken it before a justice for condemnation as 'unfit for human consumption'. In one of these cases fines totalling £10 had been imposed. There is also a reference to the testing of suspected flour.

On the recommendation of the Chief Sanitary Inspector a cask of bleaching powder was provided for free distribution during the hot weather to the tenants of certain ill-ventilated courts, together with lime for white-washing.

The smoke byelaws that had come into force in 1854 declared that boiler furnaces must be constructed or altered so as to consume their own smoke, and a Consulting Smoke Inspector (Mr. Cashin) had been appointed. For taking observations of chimneys the Smoke Byelaws

Committee had only the occasional services of a constable, but in September, 1856, Mr. William Wood was appointed Assistant Smoke Inspector. During 1856, 45 convictions are recorded against manufacturers in respect of boiler furnaces. The fine was usually ten shillings or one pound, but second offenders were fined £2 and a third offender was mulcted of £5. Thirteen furnacemen were also fined small sums for negligence. The work of the Smoke Committee seems to have caused considerable public interest, but although standards were low—15 minutes black smoke in the hour was tolerated—one cannot but feel that the laws had been framed in advance of practical solutions to the technical problems involved.

The regulation of Common Lodging Houses was the responsibility of the Watch Committee whose officer—Inspector Linley—had for a time also held the appointment of Inspector of Nuisances. In October, 1856, 222 Common Lodging Houses were registered, the numbers actually accommodated being 824 men, 507 women and 448 children. In the main, the lodgings were clean, well conducted and not overcrowded, although some proprietors had difficulty in getting landlords to carry out repairs. The number of lodgers was tending to fall and the Committee suspected that this might have been due to people finding accommodation in Beer Houses and other unlicensed premises.

Another of the responsibilities of the Watch Committee were the cells situated under the Town Hall. The prisoners' water-closets were originally fitted with lids but some had been torn off and these were liable to become very offensive if the night officer neglected to flood the closets after use.

A number of projects brought before the Town Council during the year were not proceeded with, including a proposal to provide a public bath for the working classes. A scheme of slum clearance and re-development envisaged the construction of a new road from the top of King Street to the bottom of Bow Street by widening Watson Walk, Hartshead, Campo Lane and Townhead Street. As a member of the Council remarked, "it was all very well to say the houses were ready to tumble down, it would be very different when it came to the question of purchasing them".

The Estimates—submitted biannually—seem trifling by modern standards. The total estimated expenditure of the Health Committee for 1856 was £250—that of the Smoke Committee £70. It should be borne in mind that the powers exercised by the Corporation at this time were very limited. Sheffield's water was supplied by a private company. Education of the less privileged was considered the exclusive province of religious and other charitable bodies. Medical treatment was provided under the Poor Law and by the various public dispensaries and hospitals. The part played by the Corporation in the development of these services belongs to a later period but, in the realms of environmental hygiene, the pattern for the future had by 1856 become firmly established.

